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NAVAL POSTGRADUATE SCHOOL
Monterey, California

THESIS

MEDICAL SERVICE CORPS: JUNIOR OFFICER AND RECENT RETIREE STAY/LEAVE DECISIONS

by

Lillian M. Shepherd

March 2001

Thesis Co-Advisors: Cary Simon
Alice Crawford

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This thesis examines stay/leave decisions of Medical Service Corps (MSC) Officers in pay grades O-1 through O-4. Reasons why they choose to stay or leave the Navy and their attitudes toward continued service are identified and explored. Since few studies have been conducted on turnover intent in officers within the Navy Medical Department, previous studies, theories, and influencers on stay/leave decisions in Department of Defense officers are examined and compared with actual perceptions of MSC officers obtained through interviews. Thirty active duty and eight recently retired Medical Service Corps junior officers stationed on the East and West coasts were interviewed. Results indicated that active duty MSC officers' stay decisions are primarily influenced by the following factors: pay and benefits; job satisfaction; spouse and/or family; graduate education opportunities and military leadership. The strongest influencers are: pay and benefits and job satisfaction. Recently retired MSC officers stated that the following factors mainly influenced their decision to leave: the booming economy (job availability); permanent change of station (PCS) moves; disconnection with leadership; the changing military; and being retirement eligible. Recommendations for further study are offered to aid recruitment and retention of Medical Service Corps officers.

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MEDICAL SERVICE CORPS: JUNIOR OFFICER AND RECENT RETIREE STAY/LEAVE DECISIONS

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Submitted in partial fulfillment of the
requirements for the degree of

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from the

NAVAL POSTGRADUATE SCHOOL
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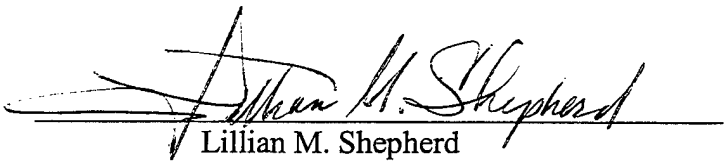
Author: 
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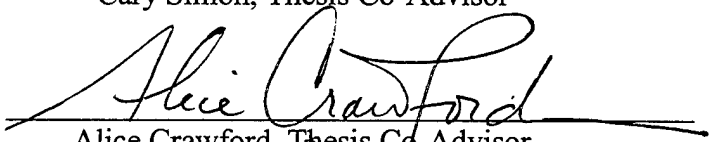
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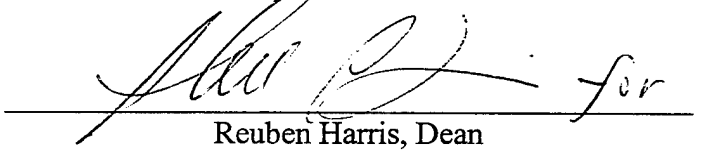
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ABSTRACT

This thesis examines stay/leave decisions of Medical Service Corps (MSC) Officers in pay grades O-1 through O-4. Reasons why they choose to stay or leave the Navy and their attitudes toward continued service are identified and explored. Since few studies have been conducted on turnover intent in officers within the Navy Medical Department, previous studies, theories, and influencers on stay/leave decisions in Department of Defense officers are examined and compared with actual perceptions of MSC officers obtained through interviews. Thirty active duty and eight recently retired Medical Service Corps junior officers stationed on the East and West coasts were interviewed. Results indicated that active duty MSC officers' stay decisions are primarily influenced by the following factors: pay and benefits; job satisfaction; spouse and/or family; graduate education opportunities; and military leadership. The strongest influencers are: pay and benefits and job satisfaction. Recently retired MSC officers stated that the following factors mainly influenced their decision to leave: the booming economy (job availability); permanent change of station (PCS) moves; disconnection with leadership; the changing military; and being retirement eligible. Recommendations for further study are offered to aid recruitment and retention of Medical Service Corps officers.

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I. INTRODUCTION

A. PURPOSE

This thesis examines stay/leave decisions of Medical Service Corps Officers (MSC) in pay grades O1 through O4. The Medical Service Corps is the most highly diversified Corps within the Navy Medical Department.[1] Health Care Administrators (HCA) account for 40 percent of the officers serving in the Corps, the other 60 percent consist of Health Care Scientists (HCS) and Clinical Care Specialists (CCS). In years 1995 through 1999 the number of MSCs serving on active duty in the Navy declined (Defense Manpower Data Center, 2000). Similar to the rest of the Navy, in recent years the Medical Service Corps has experienced a reduction in its inventory of junior officers -- 2,270 in 1995 and 2,143 in 1999 (Melody, 2000). Some of the reduction in junior officers was planned (i.e., a reduction in the number of billets authorized). Some is easily explained, (e.g., the "733" study, the Temporary Early Retirement Act (TERA), or an officer failed to select to the next rank). It is the continuing departure of junior MSCs that signals concern for decision makers. If this downward trend in junior officer retention continues, the Corps' ability to accomplish its mission of actively supporting the Navy-Marine Corps team and Navy Medicine will be challenged in the near future. An exploratory, comparative, and descriptive study is conducted to determine why MSC officers decide to stay or leave the Navy, and whether professed reasons fit with current literature on the topic.

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[1] http://navymedicine.med.navy.mil/organizations.asp?Med-00MSC

B. BACKGROUND

Health Care Administrators (HCA), Health Care Scientists (HCS) and Clinic Care Specialists (CCS) make up the Navy's Medical Service Corps. Over 2,600 officers comprising more than 30 specialties, MSCs perform a wide range of specialized medical and administrative duties for over two million Department of Defense (DoD) beneficiaries. Table 1.1 shows a breakdown of subspecialties within the Medical Service Corps.

HCA	HCS	CCS
General Health Care Admin.	Biochemistry	Clinical Psychology
Financial Management	Microbiology	Audiology
Material Logistics	Radiation Health	Social Work
Manpower, Personnel, Training	Physiology	Physical Therapy
Education and Training	Aerospace Physiology	Occupational Therapy
Operations Research	Aerospace Exper. Psychology	Dietetics
Information Systems	Entomology	Optometry*
Patient Administration	Environmental Health	Pharmacy*
Medical Logistics	Industrial Hygiene	Podiatry
Medical Data Services	Research Psychology	Physician Assistant
Medical Construction Liaison	Medical Technology	
Plans, Operation and Medical Intelligence		

Table 1.1. Medical Service Corps Subspecialties.

** Indicates historically hard to recruit/retain specialties*

From 1995 through 2000, the number of Health Care Administrators (HCA) fell from 1,181 (102% manned) to 1,051 (96% manned). Inventory levels for Optometrists and Pharmacists decreased from 119 (89% manned) to 107 (84% manned), and 155 (97% manned) to 150 (94% manned), respectively (Melody, 2000). Specific reasons exist for the overall decline in HCAs that occurred in the 1990s -- namely (1) the Medical Service Corps' voluntary draw down that occurred in 1996 as a result of the 1993 "733" study

that addressed the "Economics of Sizing the Military Medical Establishment" (Weber, 1994); (2) the Temporary Early Retirement Act (TERA), enacted by Congress in 1992, which permitted all eligible MSC officers with 15 years or more to retire early (http://www.dmdc.osd.mil/tera/owa); and (3) a reduction in the total number of MSC billets authorized -- 2,875 in 1995 to 2,747 in 2000 (Melody, 2000). Officers departing during this period included both senior and junior officers.

Throughout late 1989 and the early 1990s, the physician assistant (PA) specialty was expanded as a MSC specialty to address health care provider shortages and to meet the number of billets authorized. Originally warrant officers and sailors with prior enlisted experience, some PAs are now retirement eligible -- and they are choosing to leave service.

Distinct reasons for the decline in Navy Optometrists and Pharmacists are not readily apparent. Speculation points to a pay differential between civilian pay and military pay, a good economy, opportunity costs, and the civilian labor market.

Detailed reasons are lacking for the decline of the junior officer inventory. Junior officer voluntary separations, especially in the hard to recruit/retain MSC specialties warrant increased attention and exploration into their stay/leave decisions. In identifying the primary reasons why junior HCA, HCS, and CCS officers decide to stay or leave the Navy, policy makers are afforded invaluable information that can be used to lessen the loss of officers.

Health Care Administrators (HCAs) with prior enlisted experience are approaching the 20-year mark. The loss rate of HCAs, especially at the 20-year mark was not an issue in the past. Recent shortages in recruiting goals for HCAs indicate a

possible need to hold on to these professionals. Current data also show a downward trend in retention of junior HCAs (Defense Manpower Data Center, 2000). Whether this decline might be attributed to a policy change that occurred during the downsizing era is uncertain. What is certain is that their voluntary separations incur unanticipated costs to the Corps and Navy Medicine.

The amount of expertise lost when a member separates prior to retirement eligibility is costly in terms of workplace productivity and human capital. An investment in human capital entails costs that are borne in the near term with the expectation that benefits will accrue in the future (Ehrenberg, 1996). On average, it takes approximately 24 months of civilian schooling to train a Master's level HCA (http://www.gradschool.com). This training does not include knowledge and skills gathered from service experience. Years of service experience are sub-optimized when a MSC officer separates prematurely, workplace productivity suffers and returns on investment are never fully realized. A knowledge gap is created -- a result of the push-pull effect on senior officers and a lack of qualified junior officers to promote to serve as replacements. This knowledge gap is certain to challenge the Corps' ability to accomplish its mission in the future. In order to retain its human capital, the Corps must better identify the primary and underlying reasons why junior MSCs decide to stay/leave the Navy.

C. RESEARCH QUESTIONS

The research questions examined are:

1. Primary Research Question

- What are the primary reasons why Medical Service Corps Officers choose to stay or leave the Navy?

2. Secondary Research Questions

- How do Health Care Administrators' stay/leave perceptions differ from Health Care Scientists and Clinical Care Specialists?
- What are recent Medical Service Corps retirees' espoused reasons for leaving?
- How do recent MSC retirees' espoused reasons for leaving match their post-retirement experiences?
- How do active duty officer perceptions about stay/leave decisions differ from recent retirees' perceptions?
- Do perceptions match realities for the recently retired?

D. SCOPE AND METHODOLOGY

This thesis examines stay/leave decisions of Medical Service Corps Officers in pay grades O-1 through O-4. It identifies and explores reasons why MSC officers choose to stay or leave the Navy. The study compares what the literature says about why officers choose to stay or leave, with actual perceptions of officers obtained through extensive interviews. The objective is to build on the body of knowledge surrounding this topic by including underlying and self-professed reasons why MSC officers stay or leave.

E. ORGANIZATION OF STUDY

Chapter II provides background on the Navy's Medical Service Corps and discusses the Corps' current recruiting and retention state for certain critical specialties. Chapter III presents a literature review of stay/leave studies on military officers and discusses relevant theories. Chapter IV discusses the methodology employed and data analysis used in this study. Chapter V concludes the thesis with a summary of self-professed reasons why MSC officers decide to stay/leave the Navy gathered through interviews. Finally, this chapter offers recommendations for further study.

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II. BACKGROUND

> An integral part of Navy medicine, the Medical Service Corps is a multi-disciplinary team of commission Naval officers in clinical, scientific, and administrative specialties associated with the delivery of health services (Phillips, 1995).

A. MEDICAL SERVICE CORPS: AN ABBREVIATED HISTORY

On 4 August 1947, the Army-Navy Medical Service Corps Act of 1947, Public law 80-337, established the Medical Service Corps as a staff corps of the Navy (Gray, 1997). Originally consisting of four distinct specialties -- Supply and Administration, Optometry, Allied Sciences and Pharmacy -- 251 officers (O-1 through O-4) were initially commissioned into the Corps. Of the original group commissioned, 56 percent of the total strength was composed of prior enlisted Hospital Corps officers. The remaining 44 percent were allied scientists, pharmacists, and optometrists. In the early years, officers serving as pharmacists and optometrists were required to have college degrees. Those serving in Supply and Hospital Administration were not required to have a degree, but they were required to have extensive experience. Up to this point, all were men.

Legislation permitted at total of 600 Medical Service Corps (MSC) officers to be commission in the Corps in 1948. In the summer of 1948, the Bureau of Medicine and Surgery designated the first head of the Corps to inspire unity and "esprit de corps," and by 1949 25 women served in the Corps (Gray, 1997). In August 1954, the Surgeon General, in a testimony before a committee of Congress, presented a case for appointing a Chief of the Medical Service Corps citing build-up of the Corps since its inception in 1947 and expansionism of its functions. Public Law 83-618 on 23 August approved

authorization of the office, and in September 1954 the first Chief of the Medical Service Corps was appointed. Throughout the 1960s and 1970s the role of officers serving in the Medical Service Corps continued to expand. The Corps encountered increased patient workloads from active duty, retirees, and dependents. Services were expanded to encompass a wider range of Department of Defense (DoD) beneficiaries, and there was a move in place to professionalize the Corps.

Throughout the late 1970s and early the 1980s, education, professionalization, and promotion opportunities became the focus of the Corps. Medical Service Corps officers were encouraged and allowed to pursue graduate degrees in Health Care Administration offered through the U. S. Army-Baylor program, and MSCs were also free to pursue management science degrees at the Naval Postgraduate School. Education programs available at the Naval War College, and other defense colleges were also open to MSC officers. By 1985, 18 percent of MSC officers had Ph.D. degrees, 42 percent had Master's degrees, and 34 Bachelor's degrees (Gray, 1997), and by 1989, physician assistants, previously a warrant officer community, were added to the Corps. Further, the Chief of the Corps recommended affiliation with a professional organization.

Since its inception the Corps has continued to evolve and expand. Today's Medical Service Corps consists of three broad specialty categories and 32 specialties. The officers in these specialties include Health Care Administrators, Health Care Scientists, and Clinical Care Specialists (Providers) -- together they share the common mission of actively supporting the Navy- Marine Corps Team and Navy Medicine.

B. APPOINTMENT OF OFFICERS IN THE MEDICAL SERVICE CORPS

1. Policy

SECNAV INSTRUCTION 1120.8B governs regulations on appointment of officers in the Medical Service Corps (MSC).[2] Providing guidance and direction to the Department of the Navy (DoN), the policy directs the DoN to maintain authorized strength and grade levels in the MSC and its approved specialties, by recruiting personnel required to support the annual five-year promotion plan under SECNAVINST 1420.1A. Outlined in the instruction is guidance for providing a base for an all-regular career force and authorized strengths attainment in the Reserve Component.

Eligibility basic qualifications (e.g., citizenship, entry age, moral character, physical standards) for appointment as a MSC officer in regular, reserve, or voluntary recall status are outlined in SECNAV INSTRUCTION 1120.8B CH-2. Minimum professional qualifications to include required certificates, licenses, and registrations are also discussed.

The Director, MSC is appointed as examiner and certifier for professional qualifications of all applications applying for appointment in the Corps. He/she appoints a MSC Professional Review Board to examine the professional qualifications on applicants. The board is composed of three to five active duty MSC officers (most from senior ranks), with the senior member of the Board holding the pay grade of not less than O-6. The Board makes recommendations and reports directly to the Director, MSC. Once the Director, MSC has certified the applicant's professional qualifications, the Deputy, Chief of Naval Operations, Manpower Personnel & Training (DCNO (MPT))

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[2] SECNAVINST 1120.8B. CH-2 of October 1992.

determines whether the applicant is otherwise qualified for a commission as a MSC officer. This authority may be delegated to Commander, Navy Recruiting Command (CNRC).

According to the reference, requirements for newly appointed officers on the active duty list are to be filled primarily by direct procurement of qualified civilians and enlisted personnel. Initial appointments are in the Naval Reserve with subsequent transfer into the regular Navy for both direct accessions and for prior enlisted members who obtained an appointment through the Inservice Procurement Program for Health Care Administrators (HCA) and Physician Assistants (PA).

2. Educational Requirements

While each MSC specialty has its own educational requirements[3], appointments in the MSC are obtained mostly by using the following four methods: (1) MSC In-service Procurement Program (IPP); (2) Direct Procurement from the civilian sector; (3) Armed Forces Health Professions Scholarship Program (HPSP); and (4) Health Services Collegiate Program (HSCP). Each of these programs is discussed below.

The Medical Service Corps IPP for Health Care Administration and Physician Assistants provides a pathway to an officer commission for career motivated active duty enlisted personnel who meet certain eligibility requirements (OPNAVINST 1420.1, Enlisted to Officer Commissioning Programs Application Administrative Manual, July 2000). Guidelines for administration of this program are outlined in SECNAVINST 1120.8B and OPNAVINST 1420.1, Chapter 13. Per the instructions, the DNCO (MPT)

[3] http://navymedicine.med.navy.mil/organizations.asp?Med-00MSC

will conduct a Health Care Administration, Inservice Procurement Program (HCA IPP) to provide up to 25 percent of the appointments per year.

Officers accessed through IPP are prior enlisted from the pay grades E-5 through E-9. They enter the commission ranks as Health Care Administrators or Physician Assistants after being board selected and Director approved. The educational requirement for those entering as HCAs are: at minimum they must have completed undergraduate course work with a grade point average of at least 2.5 on a 4.0 scale, be able to successfully complete a Masters degree within 24 months in health care administration, hospital administration, health service administration, or in a management discipline as approved by the Director, MSC. In addition to meeting academic requirements, they must also meet all age, moral, physical, performance, experience, and service obligation criteria as set forth in policies governing program administration.

According OPNAVINST 1420.1, prior-enlisted entering the MSC as physician assistants (PAs) are required to have a minimum of 60 semester hours of transferable college credit and a grade point average of 2.5 on a 4.0 scale. Of the total, 30 semester hours must be residence training or distance learning courses and must include six semester hours of English Composition, six semester hours of Chemistry, six semester hours of Anatomy and Physiology, six semester hours of Humanities and Social Sciences, three semester hours of Psychology, and three semester hours of Algebra. Thirty semester hours of Didactic course work in the biological and physical sciences is required for PAs. Successful completion of advance Hospital Corps (IDT) School will satisfy the 30-hour requirement; with additional course work in Chemistry. All transfer credit must have been completed with a minimum grade of 2.0 or better, and PAs are required to

meet all age, moral, physical, performance, experience, and service obligation criteria as set forth in policies governing program administration.

The IPP board is composed of mostly senior MSC officers and convenes annually to select applicants into the MSC IPP/PA program. Prior to 1987, participation in the IPP program as a HCA did not require a bachelor's degree (Gray, 1997). Selection into the program was determined by a board of senior MSC officers based on a specific set of performance criteria.

Educational requirements for direct procurement of qualified civilians into the health care professions in the MSC vary from specialty to specialty. Recruiting and retaining optometry and pharmacy professionals have historically posed a challenge to the Corps. Civilians directly procured into the HCS-optometry specialty are required to have a Doctor of Optometry Degree from a college or university accredited by the Council on Optometric Education of the American Optometric Association. License to practice in one of the 50 states or the District of Columbia is also required. Directly accessed pharmacists must have a baccalaureate or Doctor of Pharmacy Degree from an accredited college or university, and have a current license in one of the 50 states or District of Columbia (Program Authorization 115, April 2000).

Health Care Administrators directly accessed from the civilian sector must have a Master's Degree with a major in Health Care, Hospital or Health Service Administration, or a Master's in Business Administration with a concentration in Health Care Administration. Programs must be accredited by the Accrediting Commission on Education for Health Services Administration (ACEHSA), American Assembly of Collegiate Schools of Business (AACBS), or Council on Education of Public Health

(CEPH). Also "exceptionally qualified" candidates who have obtained a Master's in Business Administration or Public Health are also considered (Program Authorization 115, April 2000).

Physician Assistants directly accessed from the civilian sector are required to have a Bachelor's degree in any field from an accredited college or university. They must have completed a Physician Assistant Education Program approved by the Committee on Allied Health Education and Accreditation. The National Commission on Certification of Physician Assistants must certify these officers (Program Authorization 115, April 2000).

The HPSP and HSCP are scholarship programs offered by the Department of Defense. Each scholarship program has specific educational requirements for acceptance. The HSPS, a two-, three-, or four-year scholarship program, requires at minimum 3.0 grade point average. It is available in health care specialties authorized annually by the Assistant Secretary of Defense (Health Affairs).[4] The HSCP program, a two-year Master's level program, requires a minimum 2.7 grade point average with a 3.0 grade point average in science courses. It is also available to HCA students pursuing Master's degree and students of other specialties within the Corps. In addition to meeting educational requirements, in order to obtain an appointment in the MSC direct procurement student participating in the HPSP and HSCP programs must meet age, moral, physical, performance, experience, and service obligation criteria as set forth in policies governing program administration.

[4] SEC NAV INSTRUCTION 1520.8a CH-1 26 March 1997.

C. GRADUATE EDUCATION AND TRAINING OPPORTUNITIES

While an appointment in the Medical Service Corps did not always require a college education, in the late 1960s and early 1980s there was a visionary move to educate the Corps (Gray, 1997). Since that time opportunities to obtain graduate education and additional training have increased significantly and the vision continues.

To meet the challenges of the future and changing service needs, Medical Service Corps officers are encouraged to continue their education and training. BUMED INSTRUCTION 1520.40A outlines education and training opportunities for MSC officers at military facilities and civilian educational institutions. Guidance for MSC Full-Time In-service and Full-Time Out-service Training Program curricula is presented and a sample application is included to ensure the MSC officer has all of the resources he/she needs in order to apply for Duty Under Instruction. Additional information that the MSC officer may consider critical in his/her decision to participate (i.e., active duty obligation, length of program, program location) is also included as is a flow chart of the application process.

Today's Medical Service Corps has a commitment to lifelong learning (https://bumed.med.navy.mil/med00msc/strategy/strategy.htm), more training opportunities are available than anytime in recent history. The number of full-time training billets now exceeds 160. Over one-third of the 160 are full-time funded out-service training billets. The remaining billets are full-time in-service training billets (i.e., service colleges, Naval Postgraduate School (NPS), and the Uniformed Services University of Health Sciences (USUHS))[5].

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[5] http://navymedicine.med.navy.mil/organizations.asp?Med-00MSC

D. RECRUITING AND RETENTION OUTLOOK

Servicing more that 2.5 million DoD beneficiaries, today's Medical Service Corps is made up of close to 2,700 officers. Comprising 32 specialties, the officers of the Corps perform a wide range of specialized medical and administrative duties within the Department of the Navy.

Obtaining specialists in the areas of optometry and pharmacy has historically posed a recruitment and retention challenge (Dolfini, 1989), and in recent years, the Navy has fallen short of achieving its' accession goal in these two and other critical MSC specialties (Guzman, 2000). The number of Health Care Administration, Optometry, and Pharmacy officers goaled for and accessed fell short of recruiting goal in fiscal years 1999 and 2000. Forty-one of the 55 HCAs, three of the eight Optometrists, and six of the nine Pharmacists goaled for in 1999 were accessed. Accession statistics for fiscal year 2000 painted a similar picture with 33 of 50 HCAs, two of 15 optometrists, and six of 13 pharmacists goaled for being directly accessed, thus illustrating a downward trend in MSC officer recruitment (Gusman, 2000).

The Corps active duty inventory also dipped slightly from 1997 to 1999. Statistics revealed that while 121 optometrists served in 1997, 113 served in 1999, and while a total of 247 general and clinical pharmacists served in 1997, a total of 238 served on active duty in 1999 (Melody, 2000).

E. RETAINING THE MEDICAL SERVICE CORPS' HUMAN CAPITAL INVESTMENTS

Human capital is defined as the amount of knowledge, skills, education, training, and experience held by an individual enabling that person to become more productive, earn higher future incomes, lead a more meaningful life, and have improved decision

making ability (Asc, 2001). Providing for professional growth and development, the Medical Service Corps has traditionally invested significantly in the human capital of its officers. Committed to providing opportunities for general and firm-specific training, the Corps' goal to educate and train to readiness is stronger today than it has ever been.

In the 21st century, as increasing numbers of these professionals are faced with the decision to stay/leave the Navy, protecting returns on investment will become more of an issue, and retention will become more of a challenge. To retain these valuable assets, and in order to meet the need of our customers, it is important for the Corps to identify the primary reasons why they choose to leave. The purpose of this thesis is to address the issue.

F. CHAPTER SUMMARY

This chapter sketched an abbreviated history of the Medical Service Corps. Since its beginning over 50 years ago, the Corps has evolved and expanded and now includes over 2,600 officers and 32 specialties. Current policies and educational requirements for appointment into the Corps were presented. Graduate education and training opportunities, as well as the recruiting and retention outlook were discussed briefly. The next chapter reviews current literature and stay/leave decisions studies on military officers.

III. LITERATURE REVIEW

A. INTRODUCTION

Few studies have been conducted on turnover intent and/or perceptions in officers within the Navy Medical Department. Regardless, the researcher believes that reasons stated for deciding to stay or leave the military hold common themes throughout the Navy's Staff, Line, and Unrestricted Line communities. In order to examine stay/leave decisions of Medical Service Corps officers in pay grades O-1 through O-4, this chapter explores previous studies, theories, and influencers on stay/leave decisions in Department of Defense (DoD) officers.

B. STAY/LEAVE DECISION AND CAREER INTENT STUDIES

During the late 1980s, the Navy Medical Department experienced a decrease in the accession and retention of officers serving in the Medical and Nurse Corps. In response to congressional concerns over this issue, and in an attempt to discover whether the Medical Service Corps (MSC) was experiencing a similar downward trend, in 1989 the Center for Naval Analyses conducted a study that examined the accession and retention of Navy MSC officers (CNA, October 1989). The study evaluated data obtained from the Bureau of Medicine Information System (BUMIS) and the Officer Master File (OMF) on MSC officers who joined the Navy between 1983 and 1988. Findings of the study reported MSC continuation rates both in the aggregate and by community to be consistently at or above 90 percent from fiscal year 1984 to fiscal year 1988. It also revealed disparities in the continuation retention rates between officers in the Health Care Administration (HCA) and Health Care Science (HCS) communities.

Overall, the study declared the MSC as a healthy community with only a few HCS specialties experiencing accession and retention problems. At the top of the list of specialties experiencing difficulties in 1989, were optometry and pharmacy.

Within the Navy staff corps, physicians are the hardest group of professionals to recruit and retain. In 1988, Gaffney analyzed turnover in DoD physicians. The researcher concluded that all physicians considered wages a significant factor in deciding whether they would make the military a career. He further found that work incentives (pay, retirement benefits, and job security) were also significant variables for all groups of physicians (Gaffney, 1988).

While many factors influence retention decisions in officers of the Medical Corps (MC), McMahon (1989) found the civilian-military pay gap to have a significant influence on the probability of MC officers leaving. McMahon's findings suggested that increased pay should result in increased retention (McMahon, 1989). In attempting to explain variation in career intent among physicians at a U. S. Air Force hospital, Kim, Price-Mueller, and Watson reported organizational commitment, job satisfaction, search behavior, opportunity, met expectations, positive affectivity, and promotional chances as significant in explaining career intent. Forty-one percent of the variance in career intent of subjects studied was explained using their causal model.

A study conducted in 1991 by the Naval Research Center found job satisfaction, pay, and promotion to be significantly related to turnover intent in officers of the United States Navy Dental Corps (DC). The same study reported professional camaraderie, educational opportunities, professional growth, job challenge, and job security as positively related to retention by DC officers surveyed. In a separate study that analyzed

factors that influence military Nurse Corps (NC) officer retention, Shigley (1988) identified grade, satisfaction with freedom, satisfaction with promotion, gender, and race as significant in explaining the stay decision of the non-obligated. In addition, it was found that pay was not a significant factor in NC officers' decision to leave the service (Shigley, 1988).

Past studies, which analyzed career decisions in officers serving and the line, unrestricted line, and other services are numerous. A recent study reviewed officer resignations in the submarine force for year groups 1987 through 1992. According to this report, the top reasons reported for resignation included quality of life, desire for a new career, desire for graduate education, job dissatisfaction, and downsizing (Kennedy, 1997).

In August 1999, the United States General Accounting Office (GAO) surveyed over 1,000 military members from critical specialties as to their career intent. In a congressional briefing report the GAO accounted for the top five reasons for staying in the service as expressed by a select group of non-medical officers and enlisted. Among the officers, 54 percent selected military values and lifestyles, 44 percent selected sense of esprit de corps, 30 percent selected retirement pay, 18 percent selected military training opportunities, and 15 percent indicated promotion opportunities as reasons to stay in the military.

A survey of over 4,500 Navy surface junior officers conducted in Fall 1999 reported poor leadership, micro-management, endless inspections and paperwork, and an overall "zero-defects" mentality as dissatisfiers in the officers' military careers. According to the survey, those entering the Navy in the past six years are even less

inclined to stay than older officers commissioned earlier. About 69 percent of those commissioned in 1990 favor a naval career, compared with the 21 percent of officers commissioned in 1998 (Offley, 1999).

The U.S. Army revealed similar results in a recent study. Findings from their report showed that in 1999, 10.6 percent of the Army captains serving left the service voluntarily; this was a 58 percent increase from 1989 when 6.7 percent of Army captains serving departed. The researchers reported that when asked about their intentions, about as many lieutenants and captains now say they intend to leave the service as to stay, a huge difference from ten years ago, when only 22 percent intended to leave and 52 percent planned to make a career in the service (Ricks, 2000).

Literature reviewed uncovered a variety of reasons why service members decide to stay or choose to leave the military. In addition to pay and promotion, which will not be discussed -- leadership, spouse/family, quality of life, pay and benefits, job satisfaction, and civilian employability were mentioned often as key influencers in the officers' retention decision.

1. Leadership Influence (Military and Civilian)

> A commanding officer may not be able to give a sailor a pay increase, alter the deployment schedule, or shorten the length of a tour, but he or she is responsible for influencing and persuading subordinated that the naval service is a worthy profession and career (Dunne, 2000).

Characteristics, behaviors, and influence of leaders on others have been studied extensively in Industrial/Organizational psychology. French and Raven (1960) studied power and leader effectiveness. They identified five types of power possessed by leaders that are related to their effectiveness. The five types consist of reward power, coercive

power, legitimate power, expert power, and referent power. The military has historically used legitimate power successfully within its ranks to manage the troops.

In today's' rapidly changing military transformational leadership skills are critical for leaders at every level. In order to win its war for talent, transformational leadership practices will have to be employed at recruiting stations, initial training stations, and follow-on duty stations throughout the Navy. Transformational leaders do more with colleagues and followers than set up simple exchanges or agreements, they behave in ways to achieve superior results by employing one or more of the four components of transformational leadership—Idealized influence, Inspirational motivation, Intellectual stimulation and Individualized consideration (Bass, 1998). By acting as coach or mentor, transformational leaders pay special attention to each individual follower's needs for advancement and growth. Transformational Leadership involves influencing major changes in the attitudes and assumptions of organization members, and building commitment for major changes in the organization's objectives and strategies. Leaders transform followers by making them more aware of the importance and value of task outcomes, by activating their higher-order needs, and by inducing them to transcend their self-interest for the sake of the organization (Bass, 1998).

According to Brickley (2000), Webster defines leadership as "leading others along a way, guiding." The researcher goes on to stay that this definition suggests that there are at least two important characteristics to good leadership. First, the leader must help the organization choose the right path, goal, or plan. Second, the leader must help motivate people to follow it (Brickley, 2000). In analyzing leadership effectiveness in the Naval Surface Community, Kaplan (1979) found that leadership styles of the

Commanding Officer and the Executive Officer appeared to exert the most influence upon overall mission readiness and retention. Similar to Kaplan's findings, in a retention study of junior naval Special Warfare Officers conducted in 1998, Davids found that the perceived lack of vision of senior SEAL leadership contributed significantly to a service member's decision to leave (Davids, 1998). Wong (2000) evaluated retention of junior officers of the Army. The author reported a generation gap between baby boomers (senior officers) and generation X (junior officers), with juniors holding their superiors at a higher standard than officers of the past. The researcher commented that in a 1998 Army survey, 18 percent of captains said they were dissatisfied with their senior officers, compared to the six percent in 1988 (Ricks, 2000). While legitimate power afforded to Navy leaders may have worked in the past, in the 21st century the Navy will have to use transformational leadership in order to retain an all-volunteer career force.

2. Spouse/Family Influence

On November 8, 1985, Public Law 99-145 (Military Family Act) directed the Department of Defense (DoD) to establish the Office of Family Policy (OFP) and place it under what is now the Assistant Secretary of Defense for Force Management Policy. Today, OFP works directly for the Deputy Assistant Secretary of Defense for Personnel Support, Families and Education. Personnel in this office understood that in order to hold on to the best trained and most prepared military force in the world, they would have to work even to improve family programs for the soldier, airman, sailor, and Marine.

Responding to the challenge, OFP developed a strategic plan to lead military family programs into the 21st Century. The plan focused on the military life cycle and emphasized three key principles: (1) a holistic approach, (2) commander flexibility, and

(3) measurable results[6]. Strategic goals included ensuring that policies and resources were available to meet the needs of children and youth of military members and DoD civilians, promoting economic well-being of service members and service families, and ensuring that policies and resources were available to meet the needs of children and youth of military members and DoD civilians.

Since 1985, greater attention has been paid to the relationship between military career intent and service families. In examining the role of family economic and noneconomic factors in the re-enlistment intentions of its personnel, in 1991 the Army found spouses' employment to be important. Findings showed that the spouse's propensity to be unemployed and several Army policy variables, such as spouse accompaniment and member wages, were significantly related to retention. The spouse's labor market experience was hurt by the rotation policies, and the researchers concluded that this in turn hurt retention (Wood, 1991). In a recent study of 760 Army officers commissioned by Army Chief of Staff General Eric Shinseki at the Command and General Staff College, results revealed that young officers were getting out because their spouses were unhappy with Army life. In the study, many of the majors said that the Army had failed to adjust to the two-career marriage as the norm in American life (Ricks, 2000).

In a 1997 study, Kennedy examined officer resignations in the submarine force in year groups 1987 through 1992. Officers included in the study had completed at least three, but not more than eight years of commissioned service. Of the 2,537 submariners in this category, 1,565 were in the submarine force as of 1 January 1996. Of the 972

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[6] http://dtic.dtic.mil/mapsite/stratplan.html

officers who resigned during that period, 215 of their resignations were identified by year group, fiscal year in which they resigned, commissioning source, type of duty, and reason for resigning. Eighty-seven of the 170 respondents (51.2 percent) listed quality of life (QOL) as a factor for leaving the submarine force. Of the QOL responses, 72 mentioned family issues; therefore, the number one reason junior officers left the submarine force was family related. Responses such as "seeking a more stable family environment," "stress on family life caused by extended at-sea operations," and "extended family separation creates stress in marital relationship" indicate that family stability is a major concern. The constant separations and reunions and long working hours in port (a 1994 Atlantic Submarine Force junior officer survey found that junior officers assigned to submarine duty typically work more than 70 hours per week while in port) make family life unstable. Junior officers also perceived family separation as affecting their ability to be good fathers and husbands. According to the researcher, one officer stated that the submarine force "is not a good environment to raise a family [in]," and several stated "at-sea time is not conducive to raising a family."(Kennedy, 1992)

3. Quality of Life Influence

> As Commander in Chief, I have no higher duty than this – to give our troops the tools to take on new missions, while maintaining their readiness to defend our country and defeat any adversary; to make sure they can deploy away from home, knowing their families have the **quality** of **life** they deserve; and to make certain their service is not only rewarding, but well-rewarded, from recruitment to retirement. (President Clinton Radio Address to the Nation January 2, 1999)[7]

In 1995 roughly half of all military members had one or more children below school age, the total number of children under age five exceeded two million. In over 60

[7] http://proquest.umi.com/pqdweb. *M2 Presswire*; Coventry; Jan 8, 2001.

percent of those families, both parents work. This was up from 30 percent in 1970. Many of the military spouses were also on active duty and, in addition, the number of single parents in the military had increased (Zellman and Johansen, 1995). Changing demographics and tastes in the American workforce have transitioned into the services and serve as catalysts for military life improvements. Better known as "quality of life" improvements or just simply "quality of life," this concept has received an enormous about attention in the past eight years.

Junior officers today place more of a priority on preserving the family unit in their decision to stay/leave the military. To Boomer officers, taking care of families was constructing state-of-the art day care facilities for kids and building big PXs (post exchanges) for the spouses. To [generation] Xers, taking care of families is giving officers time to nurture relationships with children and spouses (Wong, 2000). Armstrong (2000), in studying changing demographics and the impact on Air Force Officer retention, found that improving family support programs was an important step in modifying career progression plans for officers. She recommended the Air Force should consider adopting family support programs that had been implemented by other armed forces, such as the Royal Australian Air Force, and/or implement a dual-track career progression program that allowed officers to choose options that provide a better career/family balance without sacrificing certain career success.

Acknowledging its link to recruitment, military morale, and retention, improving the quality of life for service members and their families has been made a top priority for the Clinton and Bush administrations. With the goal of building strong communities that

create cohesion and career commitment, eight guiding principles for quality of life were recently laid out by Defense Secretary Cohen:

- Improve standard of living through continuing to fund raises in basic pay and working to achieving financial stability for all military members
- Build more predictability into military life
- Provide modern communities with quality health care and housing
- Increase educational opportunities (e.g., distance learning, spouse eligibility)
- Work toward parity in Quality of Life programs across installations, Services, and components
- Build a solid communication line to troops and their families so as to stay in touch with their insights and perceptions
- Revitalize a sense of community within the Total Force
- Support mission readiness through Reserve component family readiness[8]

4. Pay and Benefits Influence

If a firm pays too little, it will have difficulty attracting employees to job openings and will experience high turnover (Brickley, Smith, Zimmerman, 2000). Over the years the effects of pay and benefits on the service member's career decision have been the subject of numerous studies. Nakada and Boyle (1996) examined historical Navy nuclear officer retention behavior at the end of their minimum service requirement. Results of their investigation found a small, but significant indication that "pay does matter." Other studies on the military have yielded similar results.

Today the military is experiencing difficulties retaining its all volunteer force. When surveyed regarding their stay/leave decision, most service members in critical specialties mentioned base pay as one of the things that influences them in their intention to leave (GAO, 1999). Steps have been taken to address this concern. On February 13,

[8] http://dtic.dtic.mil/familyform/principles.html

2001 President Bush proposed shifting $5.7 billion in Pentagon spending for increased pay, improved health care, and better housing. The $5.7 billion would include $1.4 billion for pay, $3.9 billion for health care and $400 million for housing. According to Myers, this increase in military pay continues a trend that started two years ago when President Clinton and Congress concluded that military pay was not adequate and agreed on an immediate 4.8 percent raise, coupled with even higher increases for mid-career soldiers and officers who had been leaving the military in droves (Meyers, 2001).

5. Job Satisfaction Influence

Job satisfaction refers to an individual's general attitude toward his or her job. A person with a high level of job satisfaction holds positive attitudes towards the job, while a person who is dissatisfied with his or her job holds negative attitudes towards the job (Robbins, 2000). The relationship between how much a person likes their job and whether the person will withdraw from it has attracted the attention of Industrial/Organizational (I/O) psychologists. Research has shown that the more people dislike their jobs, the more likely they are to quit (Muchinsky, 2000). According to the I/O psychologists, managers should be concerned with job satisfaction of employees because satisfied employees have a lower rate of turnover.

The relationship between employee turnover and job satisfaction has been widely studied in past literature. Hertzberg (1959) identified five variables as key to job satisfaction. Motivators as he called them, included achievement, advancement, recognition, responsibility, and the work itself. According to Hertzberg, job dissatisfaction was the result of company policy and administration, interpersonal relations, salary, supervision and working conditions needing attention. Hertzberg

suggested that the motivators are the primary variables that meet the needs of the employee and produce job satisfaction.

Porter and Steers (1973) uncovered an inverse relationship between job satisfaction and turnover. As a result of their findings, they concluded that expressed "intention to leave" might represent the next logical step after experienced dissatisfaction. Porter and Steers recommended further study in this area. Locke (1976) reported consistent and significant but not especially high correlations between job satisfaction and turnover, as did Mobley (1977), who found a significant and consistent relationship between job satisfaction and turnover (withdrawal). According to Mobley, one of the primary consequences of job dissatisfaction is that it stimulates thoughts of quitting, leading to an evaluation of the expected utility of search, intention to search, search, evaluation of alternatives, intention to quit, and finally the withdrawal decision and behavior. In 1977, Mobley evaluated a simplified heuristics model of the withdrawal decision process and found that intention to quit was the immediate precursor of actual withdrawal behavior.

The magnitude of the satisfaction-turnover correlation, on average, is approximately - .40, indicating the more a person dislikes his job, the more likely he is to quit. This relationship is influenced by several factors, including the availability of other work (Muchinsky, 2000).

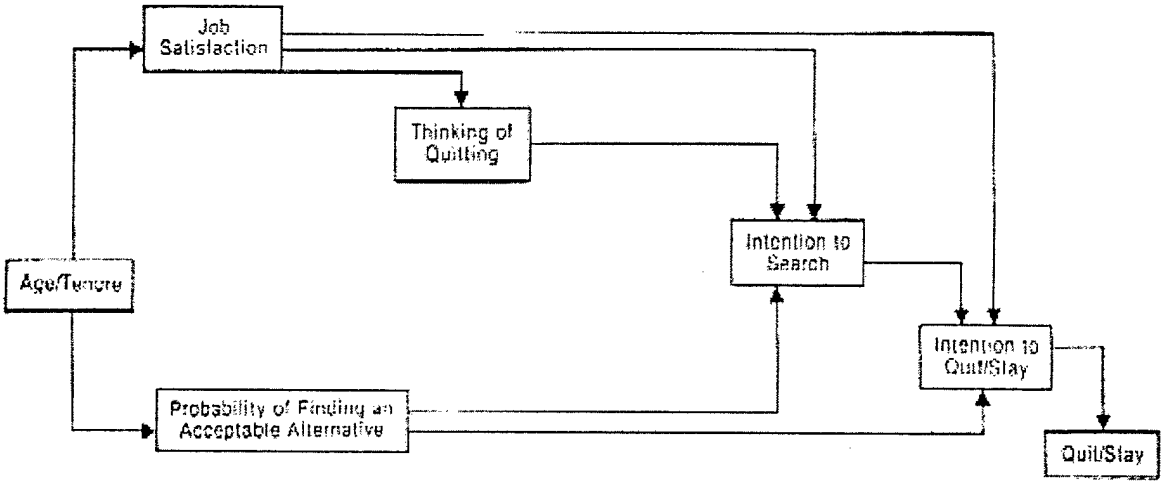

Figure 3.1. A Simplified Representation of Intermediate Linkages in the Employee Withdrawal Decision Process[9].

The military continuously examines the relationship between job satisfaction and retention in its officer ranks. In doing so it has been better able to systematically evaluate its internal (organizational commitment) and external environments (U. S. economy) and as a result, make necessary policy changes to aid in retention.

Organizational commitment refers to the extent to which an employee feels a sense of allegiance to his or her employer. General organizational commitment reflects the employee's relationship with the organization and has implications for his or her decision to continue membership in the organization (Meyer, 1997). Butler, Bruder, and Jones (1981) measured organizational commitment, professional versus bureaucratic role orientation, job satisfaction, and retention intentions of 1,386 Medical Service Corps officers. Higher levels of organizational commitment and bureaucratic role orientation were found among Health Care Administrators, while professional role orientation was highest among health science and clinical care specialists. A positive correlation was

[9] Mobley, W. H., Horner, S. O., and Hollinsworth, A. T. 1978. "An Evaluation of Precursors of

found between commitment and bureaucratic role, job satisfaction, and retention intention. Negative relationships were seen between job satisfaction, retention intention and professional role orientation. Results indicated that junior officer's attitude of organizational commitment was most strongly related to role orientations (positive with bureaucratic role orientation and negative with professional role orientation). According to the researchers, officers in bureaucratic roles (general HCAs), as a group, reported higher levels of organizational commitment, and this was to be expected since so many of the officers had extensive naval service prior to receipt of commission as MSC officers. This also made sense in terms of their professional orientation to administration and management.

In evaluating profession-related attitudes and perception of 1,156 active-duty U.S. Navy Dental Corps officers, Nice and Hilton (1991) found satisfaction with the job, pay, and promotion opportunities to be negatively associated with the intent to separate from active service. According to the researchers, satisfaction was positively associated with military rank and negatively associated with specialization. Subspecialists in oral/maxillofacial surgery, periodontics, and endodontics were more likely to express turnover intent and that improvements in pay and promotion opportunities were needed. Fifty-three percent of all the Lieutenants and Lieutenant Commanders intending to separate specified pay or lack of promotion opportunity as the primary reason. This employee behavior was consistent with results of older studies that address expressed turnover intent and quit behavior.

Hospital Employee Turnover." *Journal of Applied Psychology* (August): 410.

6. Civilian Employment Influence

When alternative employment is readily available, workers are more *likely to leave unsatisfying jobs (Carsten and Spector, 1987).*

In March 1999, Vice Admiral Oliver, then Chief of Naval Operations (Manpower& Personnel), before the Subcommittee on Personnel of the Senate Armed Services Committee, described factors that had adversely impacted retention and recruiting efforts. His list included a very "robust" economy (the best in 50 years), a record low unemployment rate (28-year record), a decreasing propensity for military service, and a dramatic increase in college attendance[10]. Research conducted for Personnel and Readiness with the forces and Resources Center of RAND's National Defense Research Institute, in that same year, argued that continued economic expansion had created a vast number of new jobs, and driven down the unemployment rate to 4.5 percent, the lowest in a quarter of a century, and that the growth in civilian job opportunities could be a powerful lure for personnel to leave the military.

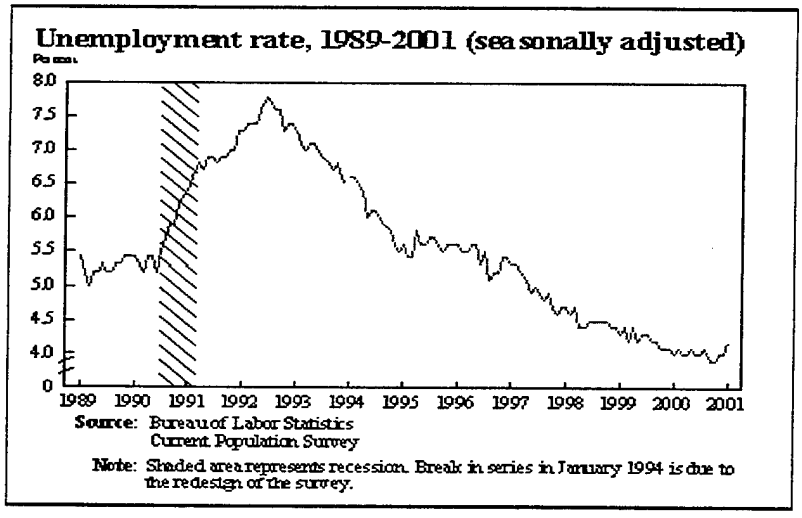

Figure 3.2. Bureau of Labor Statistics' Unemployment Rate for the U.S. Population, 1989-2001.

[10] http://www.chinfo.navy.mil/navpalib/testimony/personnel/oliver0324.txt

The following year, in a report before the Personnel Subcommittee of the Senate Armed Services Committee, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) painted a similar picture of record low unemployment and increasing level of college attendance as impacting the retention and recruiting environment. According to the Assistant Secretary of the Navy, accession for medical officers and other health professionals were tracking close to FY99 levels, with the exception of the most challenging specialty areas (Orthopedic Surgeon, Family Practice, Optometry, Pharmacy, and Health Care Administration)[11].

When civilian employment opportunities are abundant, (see Figure 3.2), expected earnings in the civilian labor market are driven up, and the challenge to retain and recruit workers increases. According to Ehrenberg and Smith (1982), when labor markets are tight (jobs are more plentiful to job seekers) one would expect the quit rates to be higher than when labor markets are loose (few jobs are available and many are laid off). Hulin, Roznowski, and Hachiya (1985) reported most workers "do not quit on the basis of probabilities estimated from alternatives available; they quit on the basis of certainties represented by jobs already offered. Influenced by lucrative job offers some MSCs have decided to leave.

C. CHAPTER SUMMARY

Sharing common themes throughout the military's officer communities, the literature reviewed indicates that leadership, spouse and/or family, quality of life, pay and benefits, job satisfaction, and increased external job opportunities/offers, influence junior officers in their decisions to leave. Studies also indicate that these same themes influence

[11] http://www.chinfo.navy.mil/navpalib/testimoney/personnel/becraft000309.txt

other officers in their decisions to stay. While little is known about stay/leave decisions in Navy MSC officers, previous studies and theories on officers' stay/leave influencers were explored and implications are that Medical Service Corps officers' stay/leave decisions may be similar to other military officers. However, further study is needed to identify their primary reasons for staying or leaving. The next chapter addresses the methodology used in this study to explore these issues.

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IV. METHODOLOGY AND DATA ANALYSIS

A. INTRODUCTION

This study examined stay/leave decisions of O-1 through O-4, active duty and retired Medical Service Corps Officers. The primary methods used to answer research questions were personal and telephone interviews conducted with 30 active duty and eight recently retired MSC officers. All officers interviewed in this study ranged in seniority from Ensign to Lieutenant Commander.

The active duty officers interviewed were selected from a random pool based on their rank, professional background (an attempt was made to select a sample that was representative of each specialty), willingness to participate, and geographical location. The retired officers were selected based on their rank upon retirement, number of years since retirement (3-5 years), professional background, willingness to participate, and accessibility. Research required travel to San Diego and Camp Pendleton, California to Navy medical commands and to outlying Navy clinics where the majority of MSCs were stationed. Twelve telephone interviews were conducted with active duty officers stationed on the East Coast. Retired respondents from various locations throughout the United States were also interviewed by telephone.

B. DESIGN OF THE STUDY

Study interviews were conducted using researcher-crafted interview questionnaires. One instrument was generated for active duty officers, and a second was developed for retired MSC officers (see Appendices A and B, respectively). The purpose

was to identify and examine reasons for stay/leave decisions in MSC officers in the pay grades of O-1 through O-4.

Active duty and retired respondents were first asked to complete a demographic worksheet (see Appendix C). Subsequently, the interviews were conducted using open-ended and Likert-scale questions addressing stay/leave factors gleaned from the literature. Additional questions were asked to clarify responses and to probe underlying reasons behind stay or leave decisions.

Since stay/leave decisions can often be personal, an effort was made to put participants at ease so they could share the underlying reasons behind their various decisions. Complete anonymity was promised (i.e., no names or other identifiers are revealed in the study). Permission to audiotape the interviews was requested and granted for accuracy purposes.

C. DATA ANALYSIS

All MSC officers were interviewed to determine what factors influenced their decisions to stay or leave the Navy. Interview questions were asked about the following types of factors influencing stay/leave decisions: leadership (military and DoD civilian); spouse and family; opportunity for graduate education; pay and benefits; and job satisfaction.

1. Demographic Information

This section summarizes demographic information and categorical descriptions of the sample of active duty MSCs interviewed:

- Fifty-three percent were procured directly (DP) and 47 percent entered the Corps while participating in the Medical Service Corps Inservice Procurement Program (IPP)

- Seventy-seven percent were prior-enlisted, while 23 percent had no prior-enlisted experience
- Approximately 57 percent were white (non-Hispanic) and 43 percent were non-white
- Sixty-three percent were male and 37 percent were female
- On average, active duty officer participants interviewed had completed over 17 years of total service (approximately 8.5 years as a MSC
- Health Care Administrators (HCA) and Clinical Care Specialists (CCS) generally had more years of service than Health Care Scientists (HCS). The average total years of service completed by HCA officers was 19 years (approximately ten as a MSC)
- The average total years of service completed by the HCS and CCS officers was 14 years (approximately 5.7 as a MSC)

2. Active Duty Results

- **Question 1: Have you ever thought about leaving the navy? What influenced your decision to stay?**

This question was used as an icebreaker. Ninety-three percent of the Medical Service Corps officers interviewed stated that they had thought about leaving the Navy at some time during their career. According to the officers -- pay, time invested in service, leadership, educational opportunities, job assignment satisfaction, family obligation (having a spouse and/or family), job security, travel, military career, sense of duty, feeling "at home in the Navy," obligated service, the officers' financial situation, and unsuccessful civilian job searches all influenced their decisions to stay.

- **Question 2: Did anything else influence your decision?**

The intent of this question was to gather additional information on matters that influenced the officers' decision to remain in the Navy. Motivators, that were missed and/or thought of after responding to this question the first time, were captured in asking this question a second time. Officers reported being further influenced by the retirement carrot, the enjoyable military lifestyle, the ability to "make a difference," the opportunity

to "go home everyday" as a MSC, working with people from different backgrounds, having money vs. having no money, having obtained a commission in the Corps, and having a profession as additional influencers in their decision to stay.

- **Question 3: What quality of life factors, (e.g., family time, housing, PCS moves) influenced your decision to stay?**

The researcher received various responses to this question. Since the term "Quality of Life" takes on many different meanings, respondents sought further clarification to this question. Once the researcher provided examples, answers ranged from "no quality of life factors influenced my decision to stay" to "commissary/exchange privileges" to "worldwide travel" influenced my decision to stay. Fitness facilities, military discounts for entertainment, family housing, permanent change of duty station (PCS) locations, Quality of Life in general, and 30 days paid vacation annually were mentioned most frequently by the respondents.

- **Questions 4 & 5: To what extent did military leadership factors, (e.g., quality of senior leadership, mentorship, etc.), influence your decision to stay? Describe how military leadership factors influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

Among the 30 officers interviewed, 6.7 percent reported being greatly influenced by senior leadership in their decision to remain in the Navy. Thirty-three percent reported being influenced, 20 percent stated military leadership had a moderate influence on their decision, 26.7 percent revealed that senior leadership had minimal influence, and 13.3 percent said that military leadership did not influence their decision to stay. The results are presented in Figure 4.1.

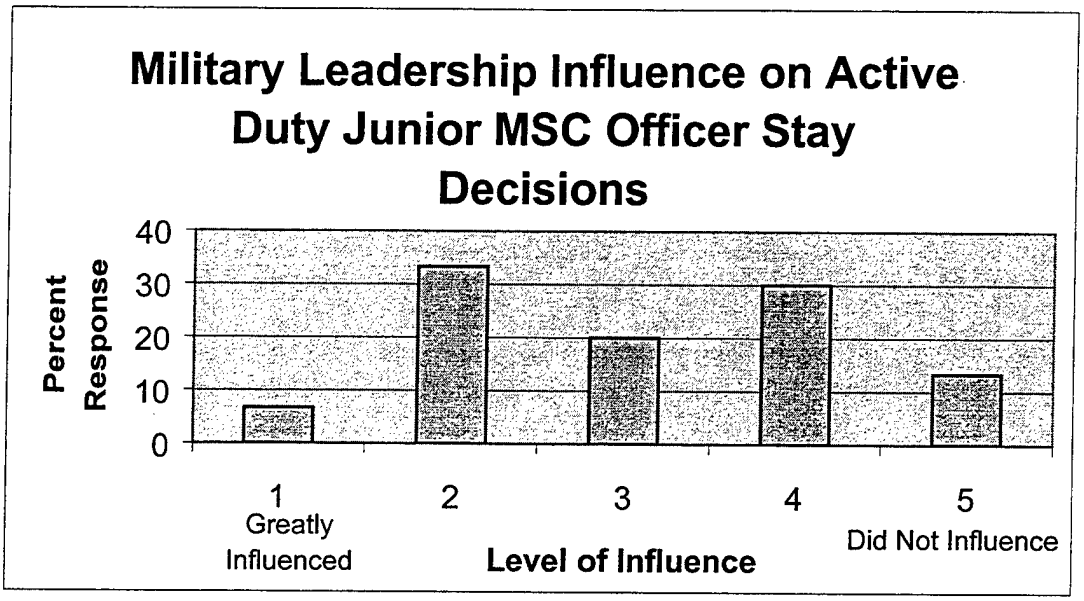

Figure 4.1. Military Leadership Influence on Active Duty Junior MSC Officer Stay Decisions.

Of the officers who reported having been influenced by military leadership, seventy percent mentioned senior officers, and 30 percent mentioned senior enlisted as having an influence on their decision to remain in the Navy. Comments are listed below.

One Lieutenant Commander stated:

> I am impressed with the Navy's leaders. Each boss I've had was very professional. I'm impressed with the caliber of leadership. Whether [stationed] at big or small commands, I've been real lucky or, the Navy is training good leaders.

One Lieutenant interviewed stated:

> Working for good people influenced me to stay. I've gotten good support from senior officers.

Another Lieutenant stated:

> In the Navy, as in life in general, you accept the good with the bad. Bad leaders make me more determined to stay and to do a good job. Good leaders make me want to stay and do an even better job. I try to emulate the good and not make the same mistakes as the bad. Bad leadership is

temporary. I learn as much as I can from my leadership-good and bad, in order to make good decisions in the future.

Two of the officers interviewed were influenced by officers from different communities and by senior enlisted:

One Lieutenant was influenced by officers of the Nurse Corps and stated:

I have had great Department Heads, Nurses. I learned a lot from their leadership styles. I have had nothing but positive leadership -- it has been a big influence in my decision to stay.

An Ensign commented on leadership in the Submarine community:

I have worked for wonderful submarine captains. I try to aspire to be like them.

Rise to the ranks and do my best.

One junior MSC with over fifteen years of commissioned service felt mentorship enhanced her decision:

Mentorship, watching females juggle both family and career, and encouragement from senior officers has made a difference in my decision.

Another Lieutenant Commander stated:

Mentorship has been influential. I had one good mentor.

Other junior officers (30 percent) mentioned being influenced by senior enlisted while serving on the enlisted side:

I have had good leadership on the enlisted side. Commissioned and enlisted [leaders] are different, commissioned leadership requires you to seek them out.

Over the years, I don't remember anyone sitting me down -- enlisted, yes, commissioned, no.

> Enlisted -- a strong chief advanced you and your career. Chiefs cared and sat down with you. As an officer -- getting a mentor is tough. I have been lucky twice to find a mentor to guide me. I've had one senior officer to push me, one mentor there in my career progression, one person to count on and trust.
>
> The quality of leadership pushes me to get out. Leadership is different from mentorship -- I have had good mentors that I follow, and I have worked for some real idiots. Its personality driven, the luck of the draw -- how people take leadership skills and apply them. Mentorship has greatly influenced my decision to stay. My mentors influence me to stay.

A few of the officers interviewed voiced concern over military leadership in its influence on their stay/leave decisions:

One Lieutenant stated:

> Military leadership has been key in my decision to leave. I don't believe the senior officers care about me one way or another. The zero defect phase, the promotion system, and the PRT [Physical Readiness Test] change are examples. I don't believe the Navy cares about me -- it's a huge reason why I plan to retire as soon as they let me.

Another Lieutenant stated:

Military leadership has been minimal since I joined the MSC community. There has been no one to take me under their wing. I gather my information from peers.

These findings are consistent with some of the literature. Natter, Lopez and Hodges (1998) concluded that leadership at the command level, or lack thereof, [was] a significant influence on a person's decision to stay in or leave the military. As mentioned previously in Chapter III, military leadership impacts junior officers' retention decisions.

- **Questions 6 & 7: To what extent did civilian leadership in DoD influence your decision to stay? Describe how civilian leadership in DoD influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

Of the 30 junior Medical Service Officers interviewed, 66.7 percent stated that DoD civilian leadership did not directly influence them in their decision to remain in the Navy. Results are presented in Figure 4.2.

While most interviewees (66.7 percent) felt DoD civilian leadership was not directly influential in their decision, one Lieutenant summarized her exposure in the following statement:

> I was fortunate to work with civilians. Through [their] leadership and encouragement I was influenced.

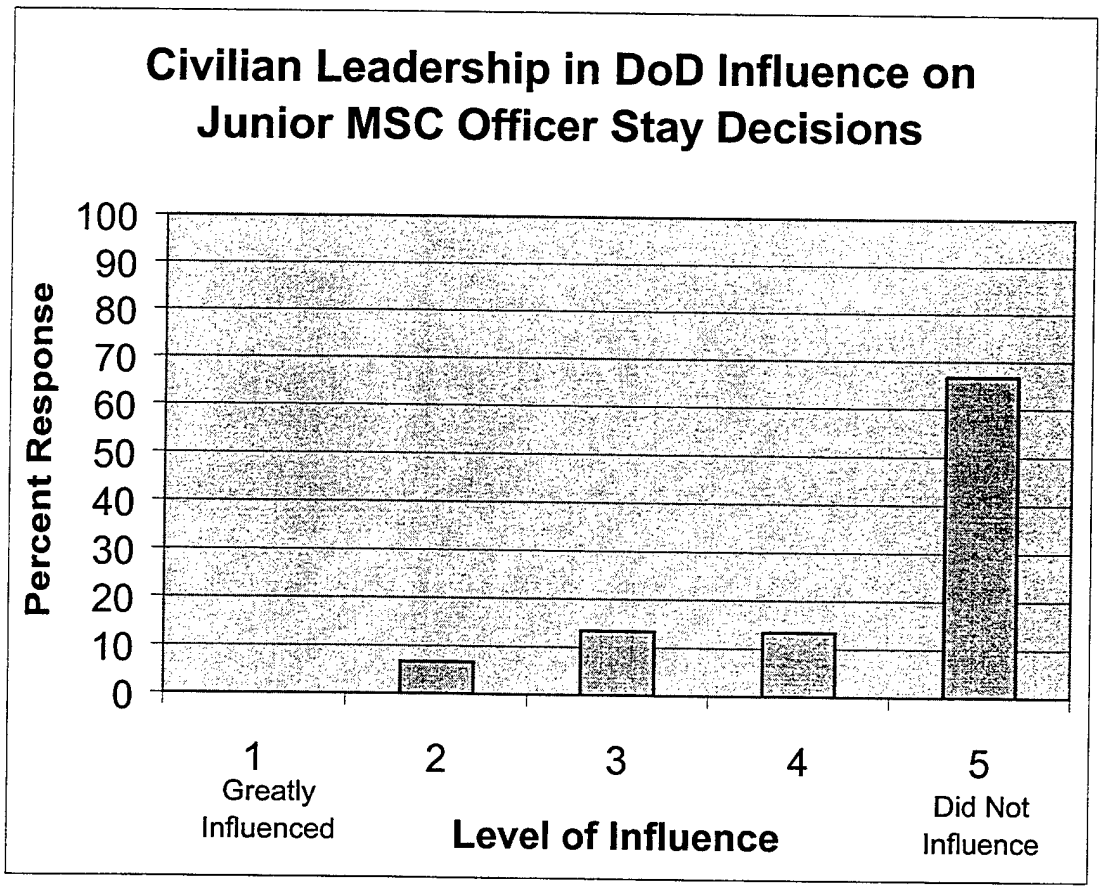

Figure 4.2. Civilian Leadership in DoD Influence on Junior MSC Officer Stay Decisions.

This finding is inconsistent with some of the recent literature on this issue. Wong (1999) cited the negative impact of civilian DoD leadership on Army junior officer retention. Officers surveyed expressed a lack of trust and dissatisfaction in civilians serving in DoD leadership positions (Wong, 1999), and mentioned this as one of the reasons why they planned to leave service. The small sample size used in this study and the lack of prior studies on the relationship between junior Naval officer retention and civilian DoD leadership limits conclusions concerning this factor. MSC junior officers in this study perceived DoD civilian leadership to not influence their stay decisions.

- **Questions 8 & 9: To what extent did your spouse/family influence your decision to stay? Describe how your spouse/family influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

Sixty percent of the officers interviewed reported being influenced or greatly influenced by their spouse and/or family in their decision to remain in the Navy. Another 26.6 percent reported being moderately influenced. In many cases, family support was the Number One reason stated by junior MSCs for continuing service. Results are shown below in Figure 4.3.

Encouragement and support from parents, spouse, and other family members were key determining factors cited in the officers' decisions to stay in the Navy. Specific comments from MSCs interviewed are presented below:

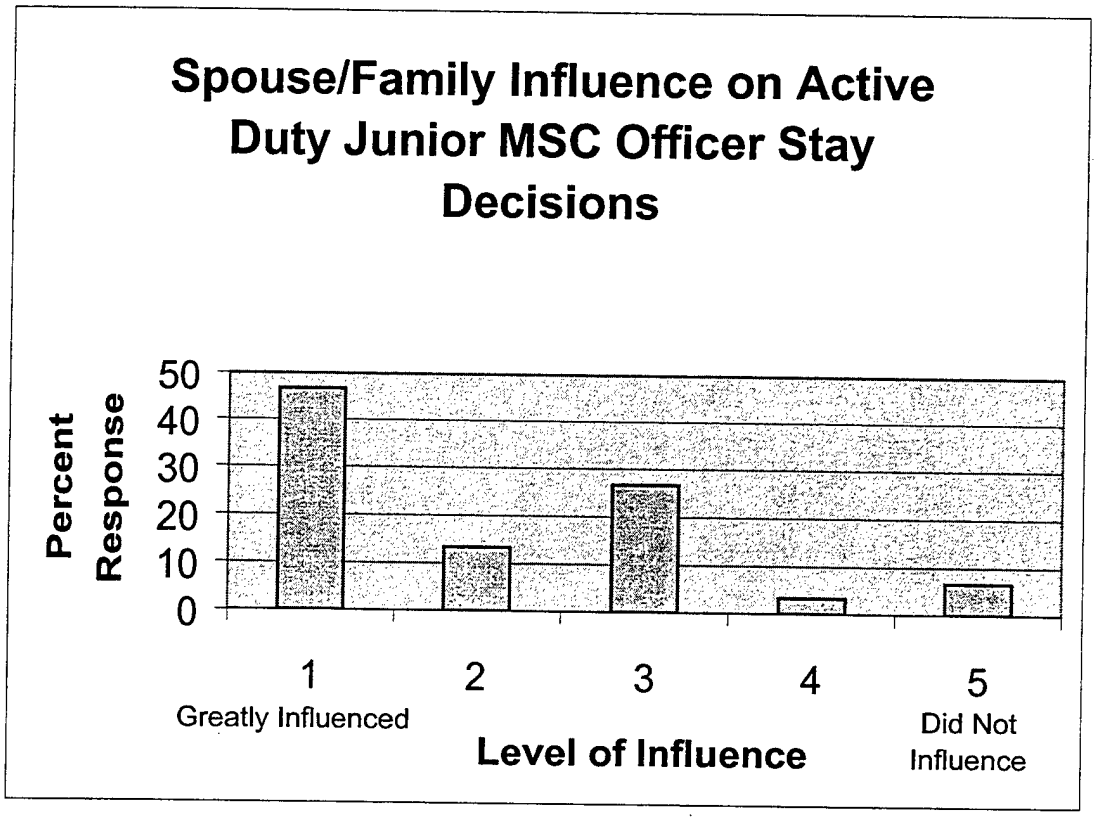

Figure 4.3. Spouse/Family Influence on Active Duty MSC Officer Stay Decisions.

According to one Lieutenant:

> My mom has been there from day one to guide and encourage me. She likes the fact that I am in the Navy. She is proud. My husband supports my career. My son needs things that the regular salary and benefits provide.

One Lieutenant Commander stated:

> My wife is very supportive of us being in the military. She loves the military lifestyle. It gives us benefits. We have chosen to a keep positive attitude, but as the children get older, it gets harder.

Another O-3 interviewee suggested that familiarity with the military lifestyle helped his wife adjust and be more supportive:

> My wife was a dependent daughter; this helps her to hang around Navy lifestyle. It's a nice feeling--family health care, dental care, and knowing where your next meal is coming from.

One Lieutenant Junior Grade stated:

> Benefits to my family are good. The Navy has been great in supporting my family and me. My family is happy about me staying in.

Another officer interviewed said:

> I have a wife and daughter to support. I met my wife in the military and I make a comfortable living to support my family.

Approximately seven percent of the officers interviewed revealed that their wives preferred a lifestyle outside the military and that this impacts their stay decisions.

According to two Lieutenant Commanders:

> My wife wants me to leave, she prefers me out. I have family security, however PCS moves are getting tougher on my kids. They are getting older and aren't adapting as easily; they are starting to build friendships.

Another O-4 stated:

> My wife prefers a small town lifestyle. She would prefer that I get out.

Based of study results, having a spouse and/or family influences most junior MSC officers in their stay decisions. This finding is consistent with some of the literature. Mathews (1999) studied Army Captain attrition at Fort Benning. Research findings discovered the spouse's attitude/career was of central importance to stay/leave decisions. Family issues in Matthews' study were one of the most frequently given primary reasons for leaving. Of the officers who decided to leave, 35 percent stated family issues were their main reason for leaving, and 100 percent said that family issues were a factor in their overall decision to separate. According to the researcher, officers who stayed were successfully able to resolve family issues (Matthews, 1999).

- **Questions 10 & 11: To what extent did graduate education opportunities influence your decision to stay? Describe how graduate education opportunities influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

Twenty six percent of the officers interviewed stated that graduate education opportunities greatly influenced their decisions to stay. Another 13 percent said that they were influenced by these opportunities in their stay decisions (see Figure 4.4).

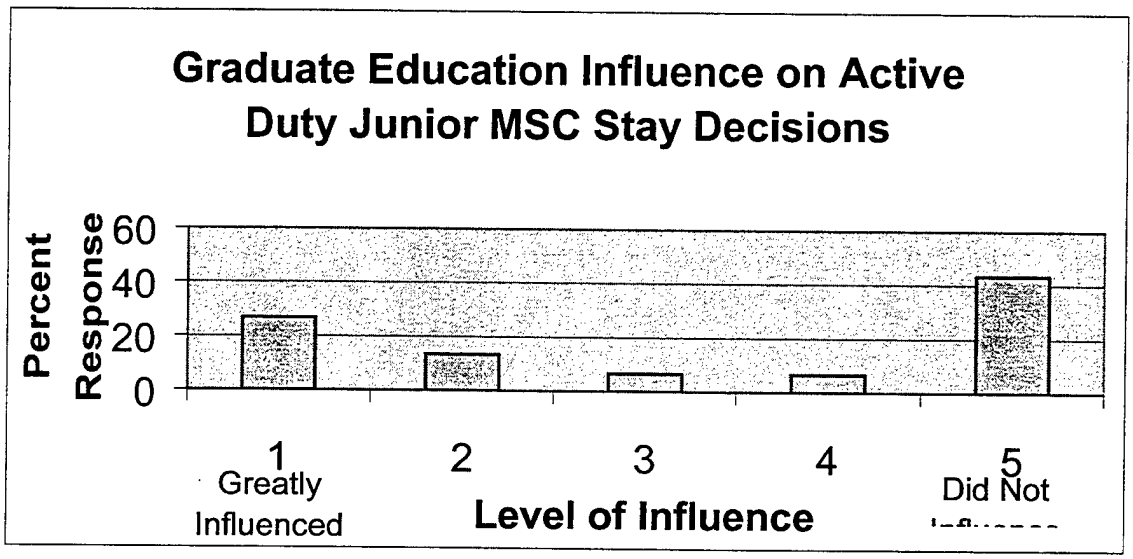

Figure 4.4. Graduate Education Opportunities Influence on Active Duty Junior MSC Officer Stay Decisions.

Of the officers who responded that their stay decisions were greatly influenced or influenced by graduate education, 100 percent expressed concern over the contractual obligation attached to participating in graduate education. Ninety percent said that they believed that a graduate degree was necessary to remain competitive for promotion. Interestingly, over forty percent of the respondents replied that graduate education opportunities did not influence them in their stay decisions. Comments are included below:

One Lieutenant Commander stated:

> Education opportunities were one of my reasons for joining the military. Obtaining a graduate education is one of the main reasons why I stay, its one of the best benefits.

Another O-4 with over eighteen years of service stated:

> It's very important to me personally to have at least a Master's degree by the time I retire. Graduate education opportunities are a strong motivator.

Another Lieutenant Commander who specializes in a MSC critical specialty revealed:

> I didn't want to get an MA degree, but I did it to get promoted. I enjoyed the subject matter of my degree and it helps me managerially.

Of his attempts to take advantage of graduate education opportunities available to MSCs and his determination to obtain a graduate degree one junior officer stated:

> I know that they [the opportunities] are out there. I applied twice for DUINS (Duty under Instruction) and was not selected. I did not have that opportunity. I was not given a good reason why I was not selected. The board did a disservice by not selecting me. It's a sore subject. I am obtaining a graduate degree by going to school after hours, at night, full time. It's costly. I have had to use tuition assistance and student loans.

For the 46 percent who said education opportunities influenced their decision to stay, this finding is consistent with some of the literature, which supports funded graduate education opportunities as a retention tool for junior officers. Jordan (1991) found that funded graduate education had a significant positive effect on the retention of general unrestricted line (junior) officers. Conzen (1999) concluded that while a funded graduate education did not appear to have a substantial effect on retention of naval officers past obligated service lengths, the proportion of officers with funded Master's degrees leaving the Navy was consistently lower than that of those who earned a Master's degree on their

own or had only a Bachelor's degree. Based on study results, graduate education opportunities available to MSCs positively influences some junior officers to continue service.

- **Questions 12 & 13: To what extent did pay and benefits factors influence your decision to stay? Describe how pay and benefits factors influenced your decision.**

Greatly Influenced 1 2 3 4 Did Not Influence 5

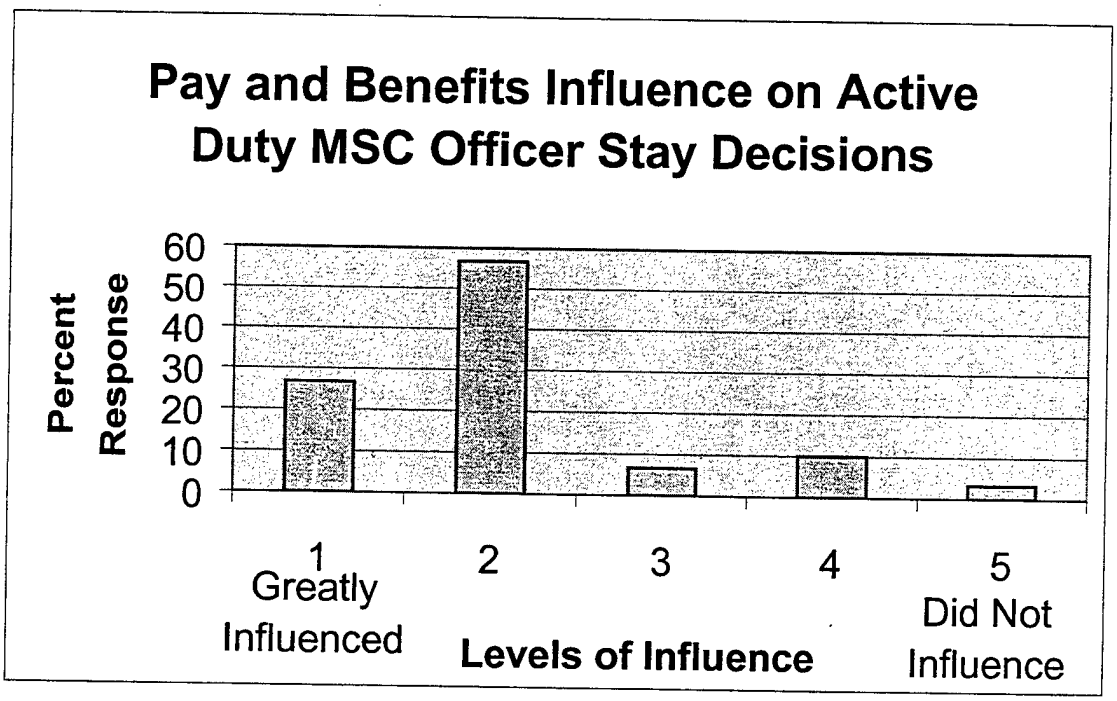

Figure 4.5. Pay and Benefits Influence on Active Duty MSC Officer Stay Decisions.

Several of the junior MSC officers interviewed stated they "are not in it for the money." The officers also reported that they believe that they are compensated well:

According to three of the Lieutenants interviewed:

> I am not in it for the pay. I am in it for the adventure, job reward, and sense of service. It's enough money to feed us. Good retirement. Good additional income.

I get paid a lot for what I do. I don't think I'd get a better deal on the outside.

Pay is important. I feel I am being well paid. I have a very comfortable lifestyle. I don't feel I am making a sacrifice. However, an annual bonus is needed to keep up with pay outside the military.

Other junior officers place emphasis on the benefits:

Healthcare is a big factor, one of the biggest. Pay wise, I could definitely do better on the outside...rewards and experiences for what I do, make it better than money.

Our average pay is probably less that the folk who work for us. With benefits, it's pretty comparable to folk outside the military.

The finding mentioned above is consistent with some of the recent literature on pay and military officer retention (see Chapter III). Additionally, Kostiuk (1985) investigated the effects of pay on the retention of Marine Corps aviators. Using a simplified version of the annualized cost of leaving (ACOL) model to estimate the impact of pay changes on voluntary attrition of Marine aviators, research analysis found that pay had a significant effect on aviator retention. Accordingly, results of this study indicate that junior MSC officer stay/leave decisions are influenced by pay and benefits.

- **Questions 14 & 15: How confident are you that if you left the Navy tomorrow you would be able to obtain civilian employment in your specialty? Please explain your answer to question 14.**

Very Confident				Not Very Confident
1	2	3	4	5

When asked the question, "How confident are you that if you left the Navy tomorrow you would be able to obtain civilian employment in your specialty," over 76 percent of the officers interviewed expressed that they were very confident, confident or

moderately confident in their ability to obtain civilian employment in their specialty (see Figure 4.6).

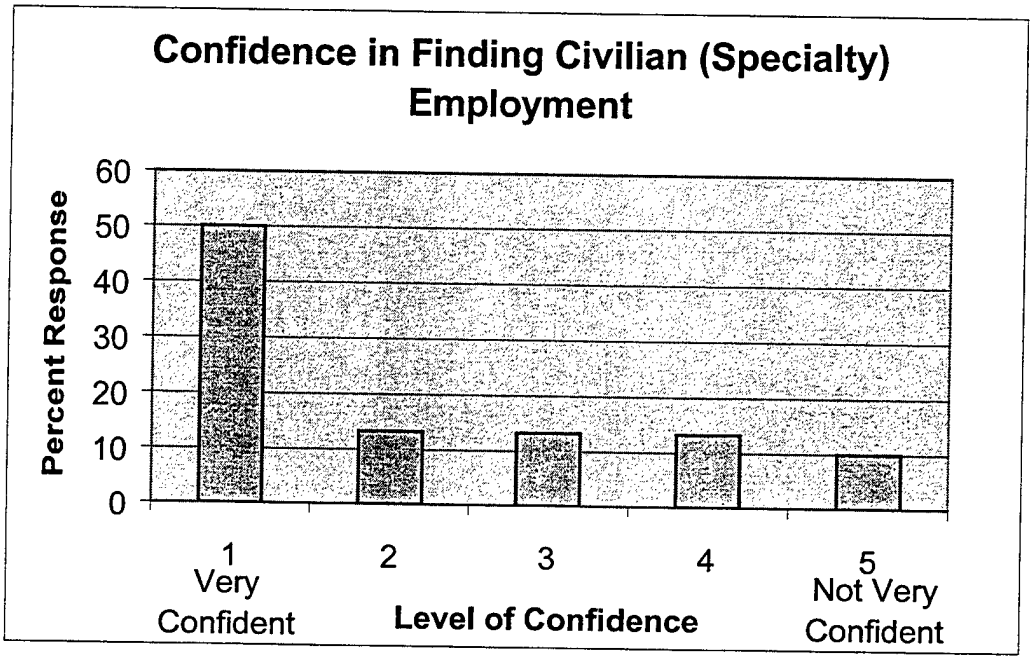

Figure 4.6. Confidence in Finding Civilian (Specialty) Employment.

Interestingly, while it appeared that MSC officers as a whole were confident in their ability to obtain work outside the military in their specialty (if they left the Navy tomorrow), only 27 percent of the HCA and 83 percent of the HCS/CCS officers, expressed that they were very confident. Eleven percent of the HCA and eight percent of the HCS/CCS officers interviewed revealed that they were not very confident (see Figure 4.7).

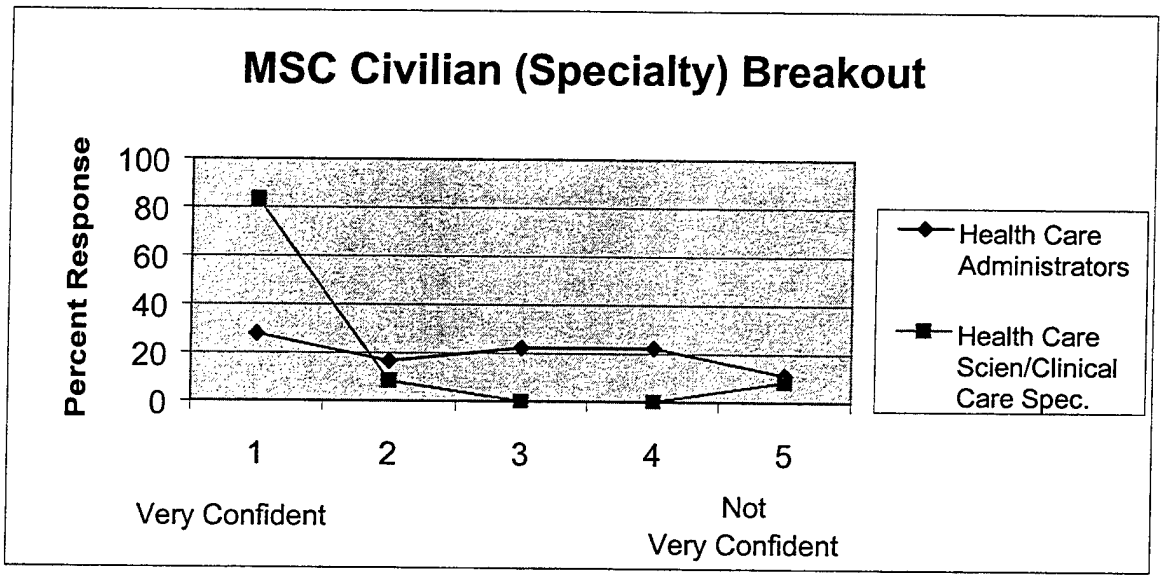

Figure 4.7. MSC Civilian (Specialty) Breakout.

The number of junior officers interviewed was relatively small. This limitation of the study means that findings may not be representative of the entire MSC community. Specific comments on obtaining civilian specialty employment are listed below:

> The economy is booming. People can get employment in the civilian sector for more than what we pay an Ensign. Personal contacts and networking is key. I check with my [HCA] professional organization to find out what people are doing.
>
> I have been checking newspapers and journal articles to know about job information on the outside. I keep up with the civilian sector as to what is going on.
>
> As a Health Care Administrator I can get an entry-level position wherever I go.
>
> Hospitals and Health Maintenance Organizations are hiring. I'm not sure I want to stay in the field.
>
> Health Care Administration is a very open field, not only in medical but everywhere and skills can be applied as such.

> Besides being a Health Care Administrator, I have a background in Human Resource. Twenty-seven years of military and managerial experience has prepared me to work in any organization.
>
> I can get a job in general Health Care Administration. I can also get a job in manpower if I am willing to relocate.

As shown in Figure 4.7, other officers from the HCA specialty revealed some uncertainty in their employability when posed with the same question:

> I am a Health Care Administrator with limited experience. I am confident that I will find work, but I don't know whether it will be as a Health Care Administrator. I have not really checked job advertisements.
>
> I will get a job, but it probably will not be in my specialty.
>
> I don't know if I want to work in my specialty. It depends on where I retire. With my degree and experience I am more confident. I am relatively confident that I am competitive. We'll see what happens.
>
> Between manpower and finance, I have gotten enough experience in the field. I may not get the job I want, but I can probably get an entry-level job.
>
> The field I am in is a very volatile field on the outside. It is an industry under a lot of turmoil.

In discussing the possibility of obtaining civilian employment upon leaving the military, scientists and clinicians (HCS and CCS) were extremely confident in their ability to obtain civilian employment:

> There is a great demand for my field on the outside. I could get a job tomorrow.
>
> Professional journals and labor market projections all say so.
>
> I'm in a very marketable field. My field is booming, it's very open right now.

I follow and read professional journals that list job opportunities; also my experience...twelve years in the field is very competitive on the outside.

I turned down a $135,000 per year job offer last week. In the last six months, I have turned down 5 jobs offering over $100,000.

I am very confident. If I left the Navy on Friday, I'd have a job by Monday. There is a nationwide shortage of people in my specialty.

The Navy has given me tremendous opportunity to develop leadership skills--in the area of my specialty, management, and in administration.

Journals have hundreds of listings. My phone is constantly ringing for moonlighting...there is a definite need for people in my specialty outside.

There is a high demand for the field. I have gotten job offers while in the Navy; there is always work for people in my specialty.

Today's economy and the nationwide job market for health services professionals may explain this finding. According to the U.S. Department of Labor's Occupational Outlook Handbook, about 14 percent of all wage and salary jobs created between 1998 and 2008 will be in health services. Twelve of the 30 occupations projected to grow the fastest are concentrated in health services. Optometry, pharmacy, physician assistants, and health service management are included in the twelve (SIC 80).

- **Question 16: How satisfied are you in your present job assignment?**

Very Satisfied				Not Very Satisfied
1	2	3	4	5

Over 66 percent of the MSCs interviewed in this study stated that they were either very satisfied or satisfied in their jobs. The results are shown in Figure 4.8.

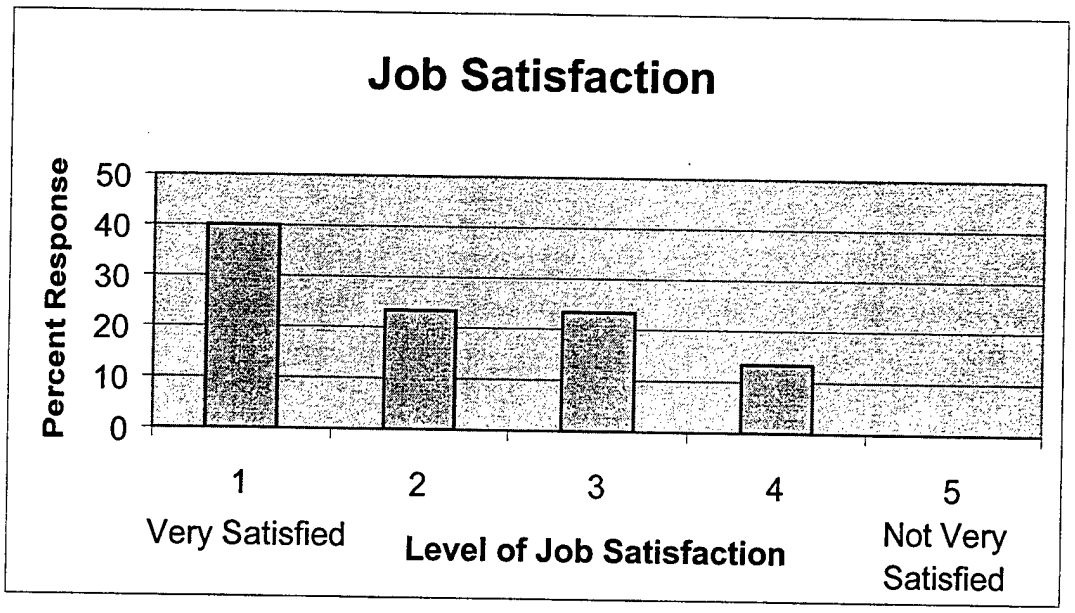

Figure 4.8. Job Satisfaction.

Specific comments regarding job satisfaction were not requested, however a few junior officers volunteered that they are extremely satisfied in their present jobs. Incidentally, officers who voiced high levels of job satisfaction were the same officers who expressed intent to remain in the Navy past 20 years.

Findings are consistent with some of the literature on military officers that confirms that a relationship exists between job satisfaction and low turnover intent. Per literature reviewed in Chapter III, Ciccocioppo (1983), du Mont (1997), and David (1998), job satisfaction is one of the key elements of retention.

In the following series of Likert-scale questions, respondents were asked to rate their level of agreement or disagreement (S/A indicates the respondent strongly agreed with the statement, S/D indicates the respondent strongly disagreed with the statement) with various statements. The goal of this series of questions was to uncover any hidden beliefs that the officers may have had regarding the Navy workplace, career satisfaction,

retention, education opportunities, separation, and retirement intent. Results are provided in the figures following the questions.

- **Question A: I would recommend the Navy to Professionals who share my specialty as a good place to work.**

S/A		Undecided		S/D
1	2	3	4	5

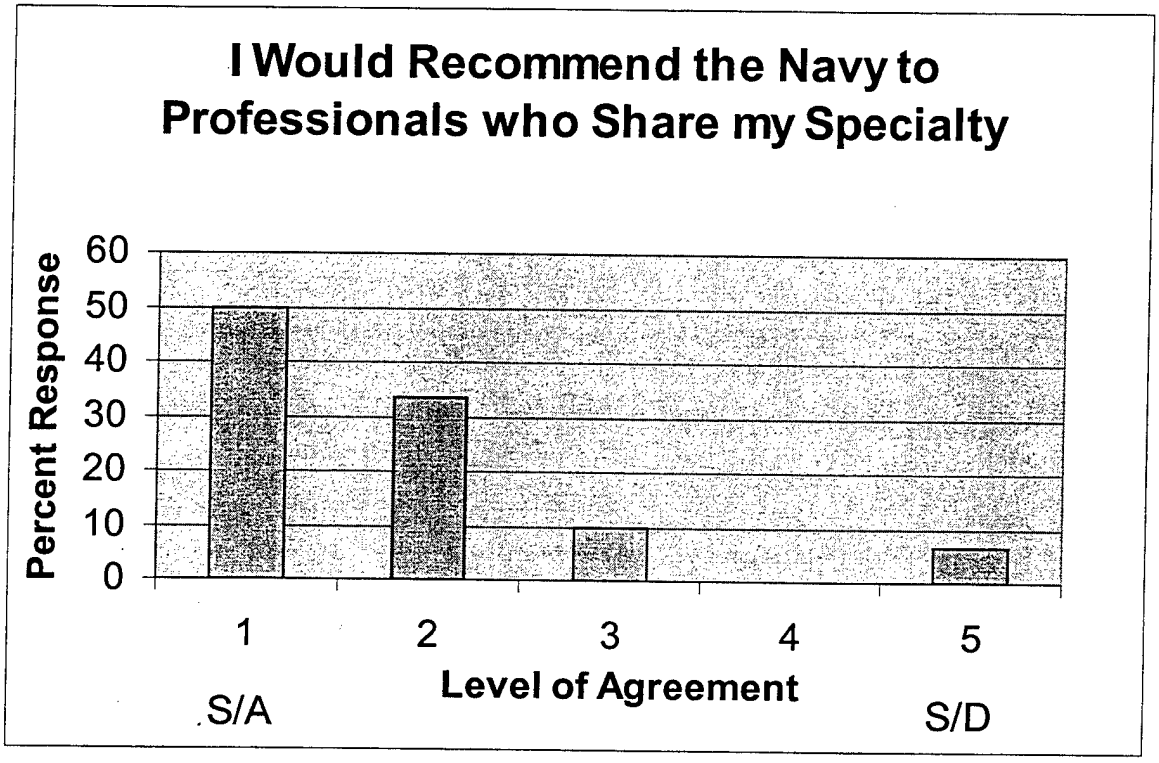

Figure 4.9. I Would Recommend the Navy to Professionals who Share My Specialty.

- **Question B: I am satisfied with my career choice.**

S/A		Undecided		S/D
1	2	3	4	5

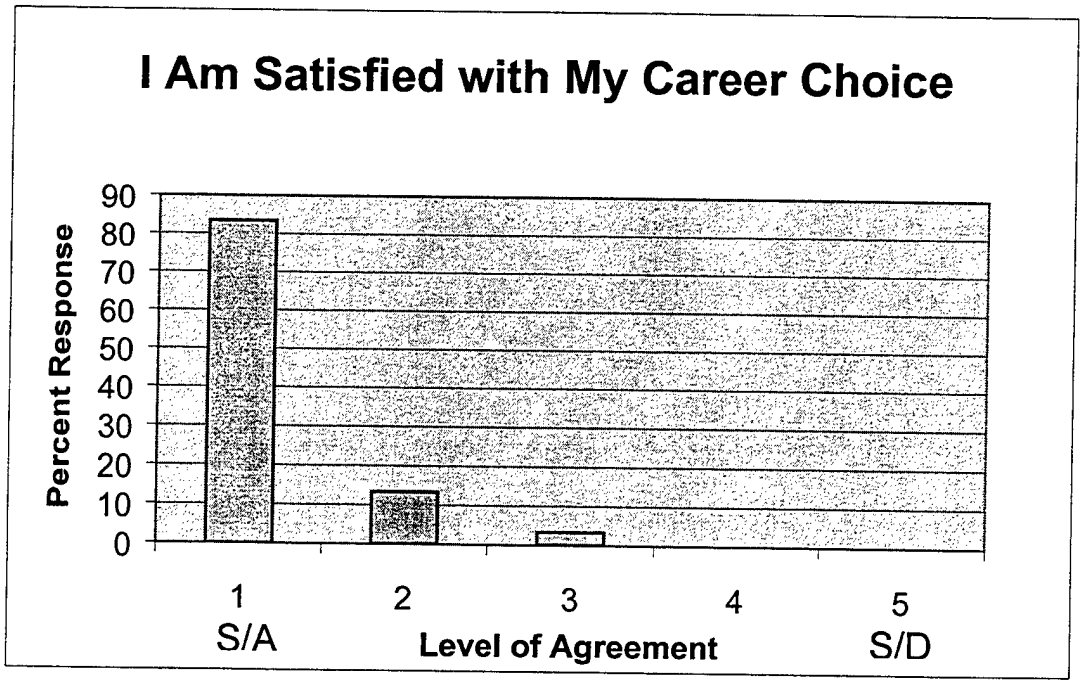

Figure 4.10. I Am Satisfied with My Career Choice.

- **Question C: I intend to remain in the Navy past 20 years.**

S/A		Undecided		S/D
1	2	3	4	5

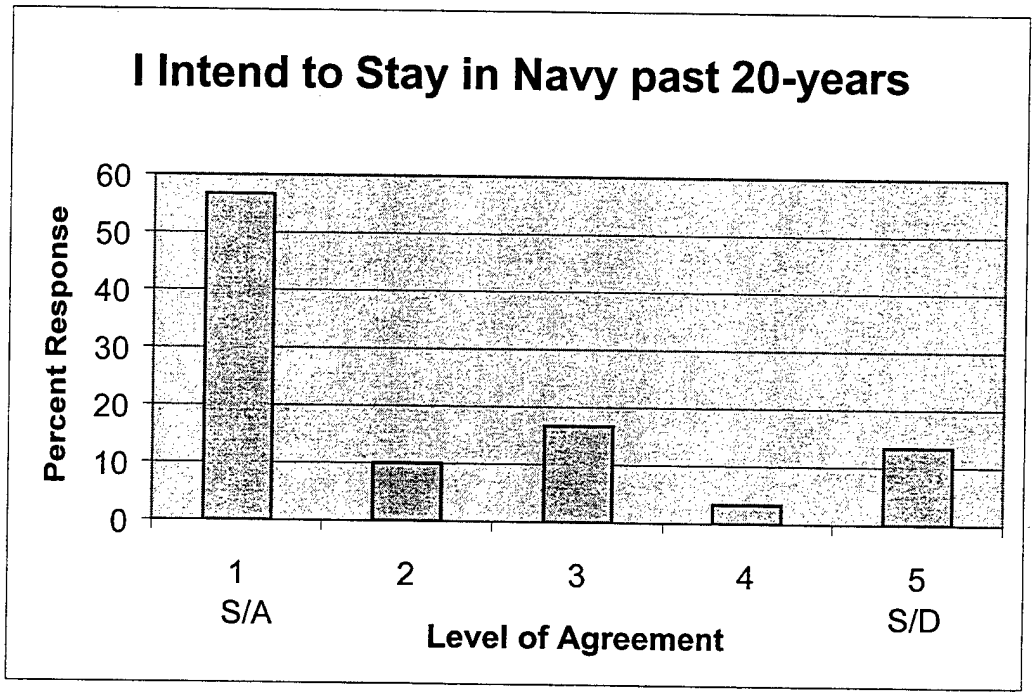

Figure 4.11. I Intend to Stay in the Navy Past 20 years.

- **Question D: The Medical Service Corps provides excellent educational opportunities.**

S/A Undecided S/D
1 2 3 4 5

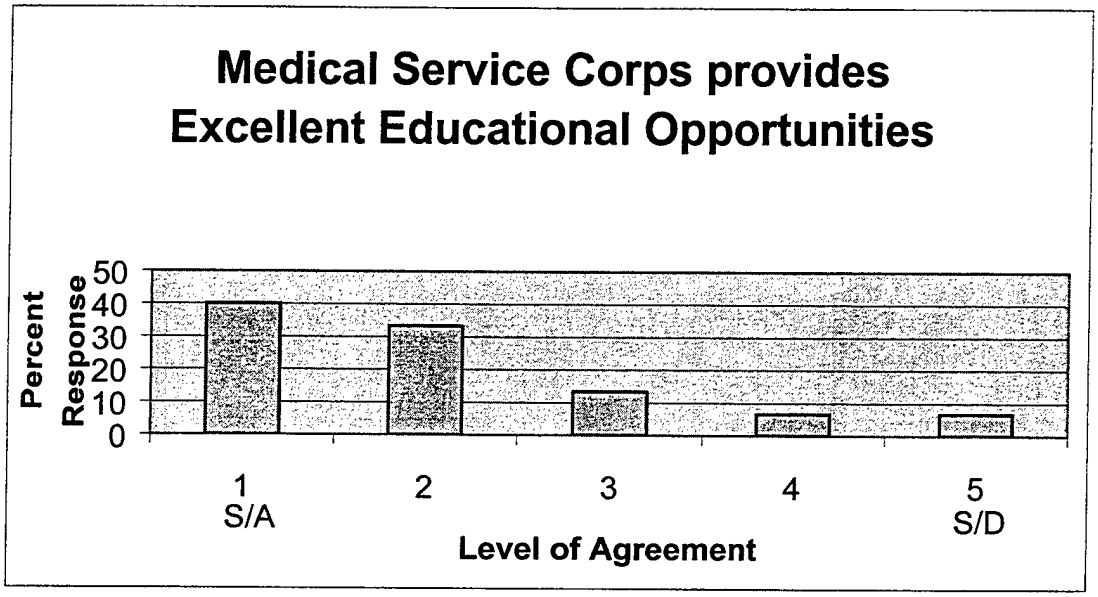

Figure 4.12. Medical Service Corps Provides Excellent Educational Opportunities.

- **Question E: If I could retire from the Navy tomorrow, I would.**

S/A Undecided S/D
1 2 3 4 5

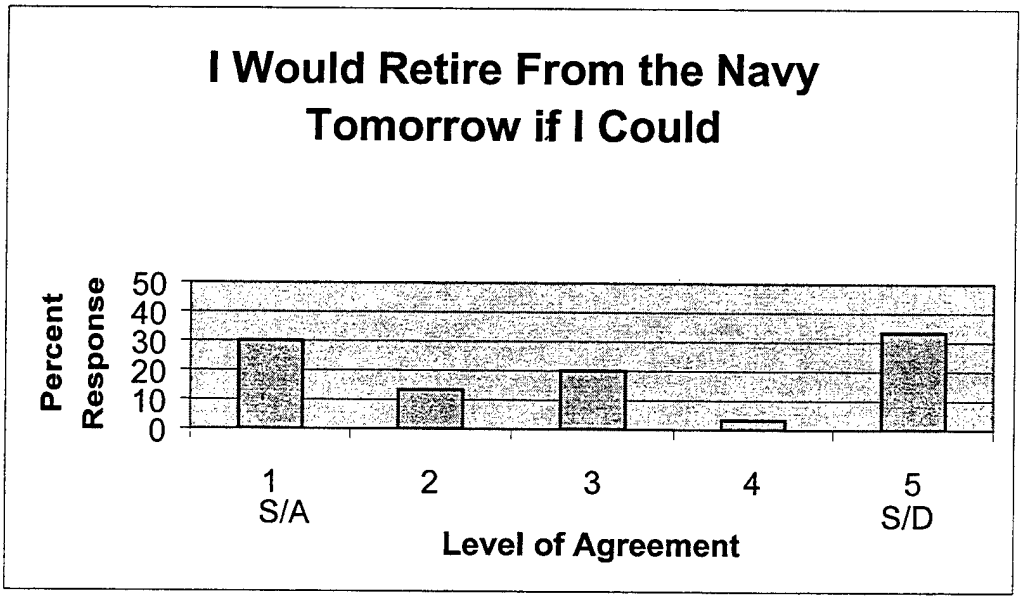

Figure 4.13. I Would Retire from the Navy Tomorrow If I Could.

- **Question F: If I could separate from the Navy tomorrow, I would.**

S/A Undecided S/D
1 2 3 4 5

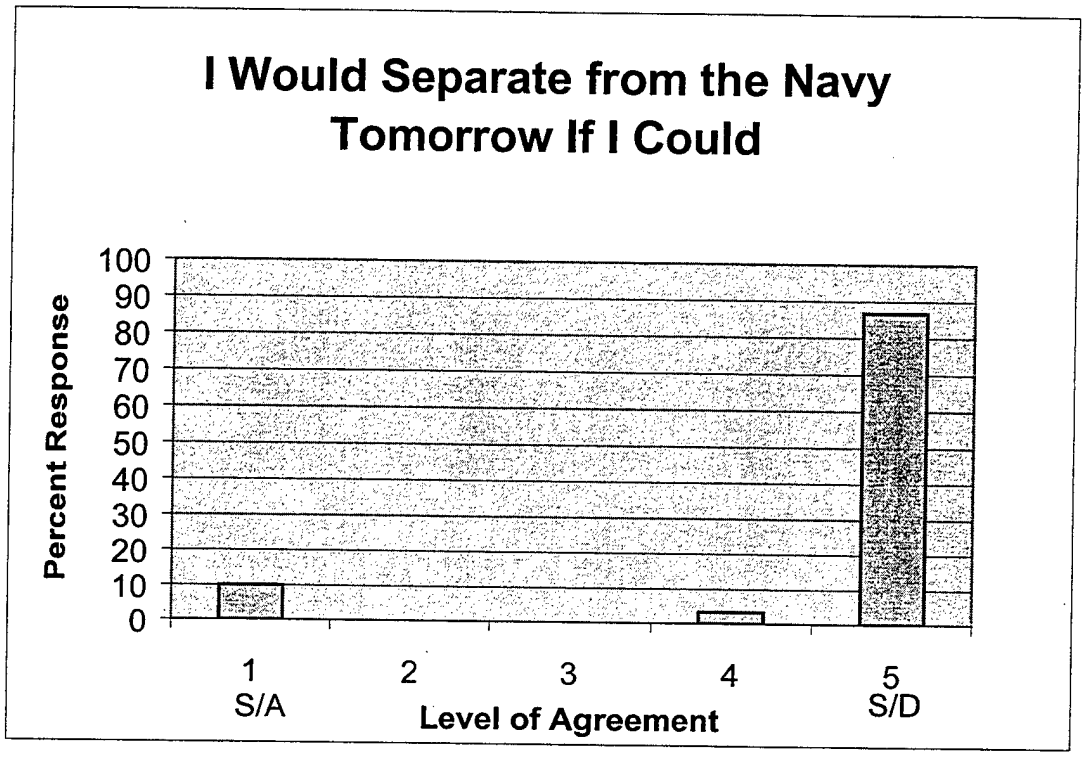

Figure 4.14. I Would Separate from the Navy Tomorrow If I Could.

Findings from this group of Likert-scale questions indicate that 83 percent of the MSCs interviewed strongly agreed or agreed that they would recommend the Navy to professionals who share their specialty as a good place to work; 96 percent strongly agreed or agreed that they are satisfied with their career choice; over 66 percent strongly agreed or agreed that they intend to serve in the Navy past the 20-year mark; over 80 percent agreed that excellent opportunities for education exist in the Medical Service Corps; over 36 percent disagreed or strongly disagreed that if provided the opportunity they would retire from the Navy tomorrow; and 90 percent agreed or disagreed that if provided the opportunity they would separate from the Navy tomorrow.

Stay/leave decisions in employees are often influenced by how the worker feels about the organization. Studies have shown that workers recommend their organization to like professionals when they hold a high level of satisfaction with the job. Studies have also shown that those workers who are more content with their organization express a lesser intent to separate and a greater intent for longevity.

The majority of those interviewed (90 percent) shared opinions on systems improvements the Navy could make to convince them to stay. Almost all of the junior officers emphasized pay, promotion, homesteading and/or duty assignment as being key to retention. Some interviewees expressed the need for improvements in other areas:

One Lieutenant with over fifteen years of service expressed the need for autonomy and upward mobility:

> The Navy could let people do their jobs. Less micromanagement...not give junior officers too much work, but give them progressive leadership assignments-equal to their rank...keep people moving up the ladder.

Another officer interviewed expressed a need for equality in the detailing process:

> The Medical Service Corps is not fair to minority officers... for example, jobs. We, as a Corps, can do better. Minorities don't hear about the high profile jobs—Executive Assistant, Detailer, White House staff-- the high profile jobs are not posted. Change is needed. It's not fair to have to prove yourself again and again. It gets tiring.

One Lieutenant Junior Grade revealed a need for more military experience:

> I joined the military to be in the military. I feel I am a civilian in uniform. There is a lack of discipline in Navy Medicine--- in the brick and mortar buildings. I would like a more out in the field lifestyle where I could serve more actively in the military.

While the military is recognized for it's healthy population, a couple of the O-1 through O-4 officers interviewed placed focus on the Navy's new policy for fitness:

> The Navy needs to revamp the Physical Readiness Program (PRT); this would convince me to stay longer.
>
> The new PRT program is not fair and it is convincing me to leave.

Other junior officers of various pay grades offered the following suggestions:

> Offer bonuses to Health Care Administrators. Bonuses have never been offered to HCAs. Stop feeling as though HCAs are a dime a dozen---a dispensable group...who do not have the same value. Is this good for the organization?
>
> The promotion system is set in stone. Waiting a set number of years as a Lieutenant is a disincentive to stay...I do what I do because I love my job...the pay disparities between specialties and bonus payment do not recognize Navy experience, this needs to be changed.
>
> Make more changes in professional growth and development opportunities. Have more hands on mentoring--senior to junior.
>
> Ensure that challenging billets and assignment are available. Offer me a particular job.
>
> Be more flexible with working at home.
>
> Treat me right.
>
> Send me to get a Ph.D.

3. Specialty Specific Stay Decision Influencers

Stay decision influencers in Medical Service Corps junior officers varied with professional specialty. The MSC community as a whole perceived the following indicators as most influential in their stay decisions (in order): (1) pay and benefits, (2) job satisfaction, and (3) spouse and/or family (see Appendix E). Health Care

Administrators perceived the following indicators as most influential in their stay decisions (in order): (1) pay and benefits, (2) spouse and/or family, and (3) job satisfaction. Appendix F provides a detailed list. Health Care Scientists and Clinical Care Specialists perceived the following indicators as most influential in their stay decisions (in order): (1) spouse and/or family, (2) pay and benefits, and (3) job satisfaction (see Appendix G).

Health Care Scientist and Clinical Care Specialists expressed a higher confidence in obtaining civilian (specialty) employment, if they left the Navy tomorrow, than HCAs. This group of specialists perceived the civilian labor market as having a high demand for professionals in their specialties.

4. Retiree Results

In order to explore reasons why junior Medical Service Corps officers decide to leave service, eight retired MSC officers were surveyed on their final decision to leave the Navy. Retirees were selected based on their retirement rank, length of time since retirement (3-5 years post-retirement), professional background, and willingness to participate in the study. Interviewees resided in various geographical locations throughout the nation and were contacted by telephone. Retiree demographics are listed below:

- Eighty-eight percent were Health Care Administrators. The remaining twelve percent were Clinical Care Providers
- All retirees were male, although numerous attempts were made to contact female retirees
- Eighty-eight percent were white (non-Hispanic). Twelve percent were non-white
- Over sixty percent were prior enlisted. The remaining had no prior enlisted service

- The average total service completed by the retiree population was 20 years

Retired officers were asked a total of 20 questions concerning their final decision to leave the Navy (see Appendix B). The researcher asked both open-ended and Likert-scale questions. Interview questions addressed the following issues and their impact on the retirees' decision to leave: civilian employability, quality of life factors influence, leadership influence (military and civilian), spouse/family influence, graduate education and pay and benefits influence. Respondents were also asked about life outside the military -- whether it has lived up to pre-retirement perceptions, and, finally, about what the Navy could have done to convince them to stay longer. Telephone interviews took, on average, 25-30 minutes depending on the respondent's willingness to elaborate on his Navy career.

- **Question 1: How long before you left the Navy did you start seriously thinking about leaving?**

Answers to this question ranged from 4 to 48 months. The average for the group was 12 months. The researcher found this to be consistent with current literature that describes turnover behavior in employees who are retirement eligible. According to the literature, employees who leave the organization normally spend 6-8 months thinking about leaving before they make their final decision.

- **Question 2: When you made your final decision to leave, was there a single event or events that aided in your decision?**

Fifty percent of the retired respondents reported that there was a single event and/or events that influenced them in their final decision to leave the Navy. The other fifty percent denied any such event. Limitations caused by sample size revealed no distinct findings from this question.

- **Question 3: Did you already have a civilian job waiting for you?**

All eight respondents stated that they did not have a civilian job waiting for them upon retirement.

- **Question 4: How was employment outside the military similar to and/or different from what you expected?**

In addressing how employment outside the military was different from what they expected, one retired officer stated that the job market was not as lucrative as he was led to believe it was by colleagues. Another retiree stated the camaraderie that exists within the military is absent in the civilian sector, and that competition is intense, and two other retirees surveyed reported experiencing a culture shock after leaving the Navy.

- **Question 5: How long did it take you to obtain a civilian job, which fully utilized your skills following your departure?**

Responses to this question ranged from "one week" to "I never did." Five of the eight respondents gave numerical answers. For those five, it took approximately three months to obtain comparable civilian employment after leaving the Navy.

- **Question 6: How long did it take you to obtain a civilian job that compensated you financially at a rate comparable to your military pay following your departure?**

The purpose of this question was to compare the post-retirement salaries indicated in the literature. Thirty-seven percent of the respondents said they have not reached the same level of compensation in their civilian jobs, fifty percent of the respondents stated it took them "about four months," and the remaining respondent revealed that he was being paid almost three times his pre-retirement salary within a few months.

Bakos (1996) concluded that on average, a smaller percentage of military retirees are labor force participants, and retirees who were in the labor force worked less, took

lower paying jobs, and earned an average of $4,347 less per year. Borjas and Welch (1985) found that the earning differentials between civilians and military retirees were greatest right after retirement and that there is a rapid convergence between the two groups' earnings over time. According to Cooper (1981), individuals who left the military shortly after they were eligible for retirement, earned about as much as, if not more than, a non-retired veteran, after the retiree had been in the civilian labor force for five to ten years (Cooper, 1981). Overall, exploratory information gathered from retirees on this issue is consistent with some of the literature.

- **Question 7: What Quality of Life factors, (e.g., family time, housing, PCS moves) influenced your decision to leave and how did they affect your decision?**

As with the active duty junior officers, when asked about "quality of life" factors, retired officers required further term clarification. Fifty percent (four of the eight) of the retirees surveyed mentioned that permanent change of duty station (PCS), family separation, and duty assignment choices influenced their decision to leave. Thirty-seven percent stated that there were no quality of life issues that influenced their final decision.

- **Questions 8 & 9: To what extent did military leadership factors, (e.g., quality of senior leadership, mentorship, etc.) influence your decision to leave? Describe how military leadership factors influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

Over 60 percent of the retirees surveyed (five of eight) replied that military leadership influenced their final decision to leave. Results are shown in Figure 4.15.

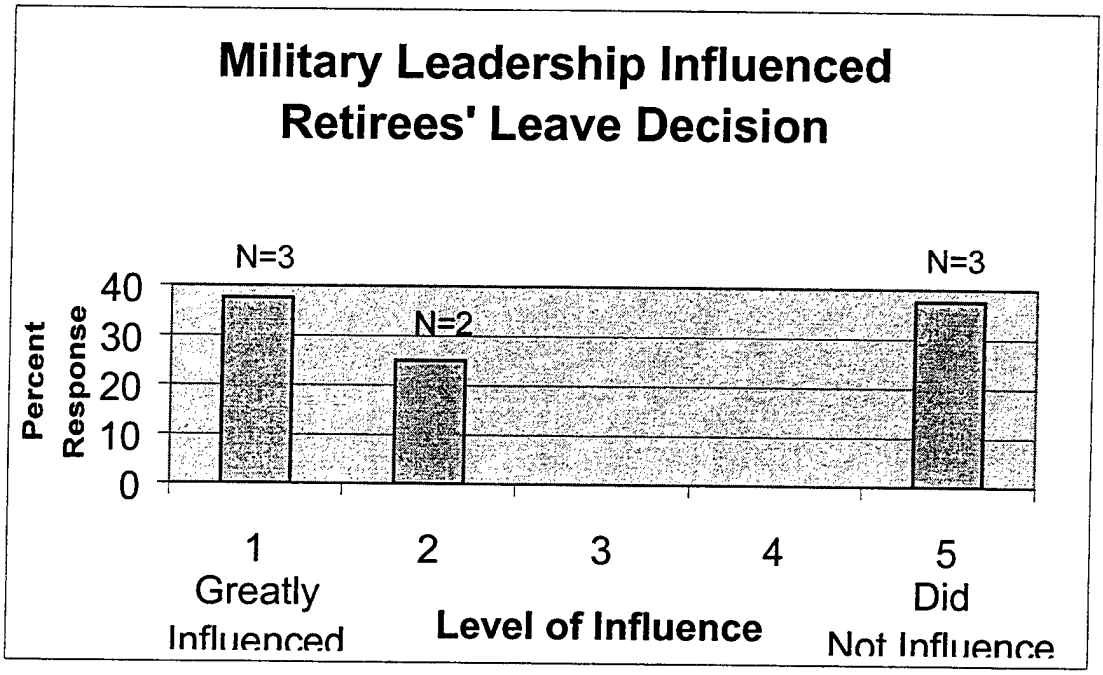

Figure 4.15. Military Leadership Influenced Retirees' Leave Decision.

Findings, while consistent with some of the current literature, (Natter, Lopez, and Hodge, 1998), could be the result of chance. The constrained sample size prevents significant conclusions from being drawn from this finding. Specific comments on military leadership and its impact on the retirees' decision are listed below:

> There was a lack of leadership and accountability, talking the talk but not walking the walk, posturing while never ever really providing credible concern.
>
> I had pretty good bosses and I had a couple of lousy ones who didn't follow Navy
>
> Procedure...doctors...navy captains, who didn't understand Navy administration.
>
> I felt as those in leadership micro-managed. They didn't use the talents of the people; they didn't concentrate on the big picture.
>
> At my last command, the military leadership was pretty awful. Both the CO and the XO are now retired. I did not care for the command. I was disenchanted with the command and the leadership.

- **Questions 10 & 11: To what extent did civilian leadership in DoD influence your decision to leave? Describe how civilian leadership in DoD influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

Seventy-five of the retirees interviewed reported that Civilian DoD leadership did not influence their final decision to leave (see Figure 4.16).

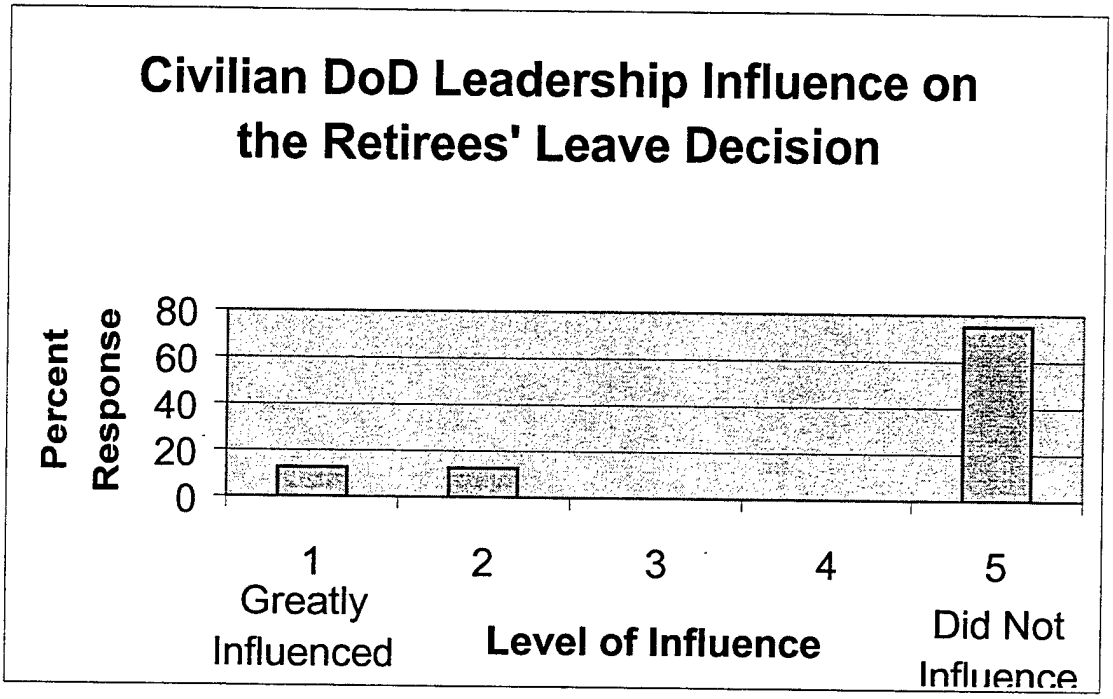

Figure 4.16. Civilian DoD Leadership Influence on the Retirees' Leave Decision.

This finding is inconsistent with some of the literature (see Wong, 1999), but consistent with what the active duty members said. The difference could be explained by the reference point for "civilian leadership" that each person has in mind when they respond. Civilian leadership could be someone in the work environment or could refer to the President or other elected officials.

- **Questions 12 & 13: To what extent did your spouse/family influence your decision to leave? Describe how your spouse/family influenced your decision.**

Greatly Influenced Did Not Influence
1 2 3 4 5

Two of the eight (twenty-five percent) retired officers surveyed stated that their spouse and/or family greatly influenced their final decision to leave; two others (twenty-five percent) reported just the opposite (see Figure 4.17). While the United States Army has conducted numerous studies on the influence of the spouse and/or family on the soldiers' retention decisions (Matthews, 1998), the Navy has only recently recognized the relationship. The Navy needs to further explore this relationship. However, findings from the retired officers' responses might not be representative.

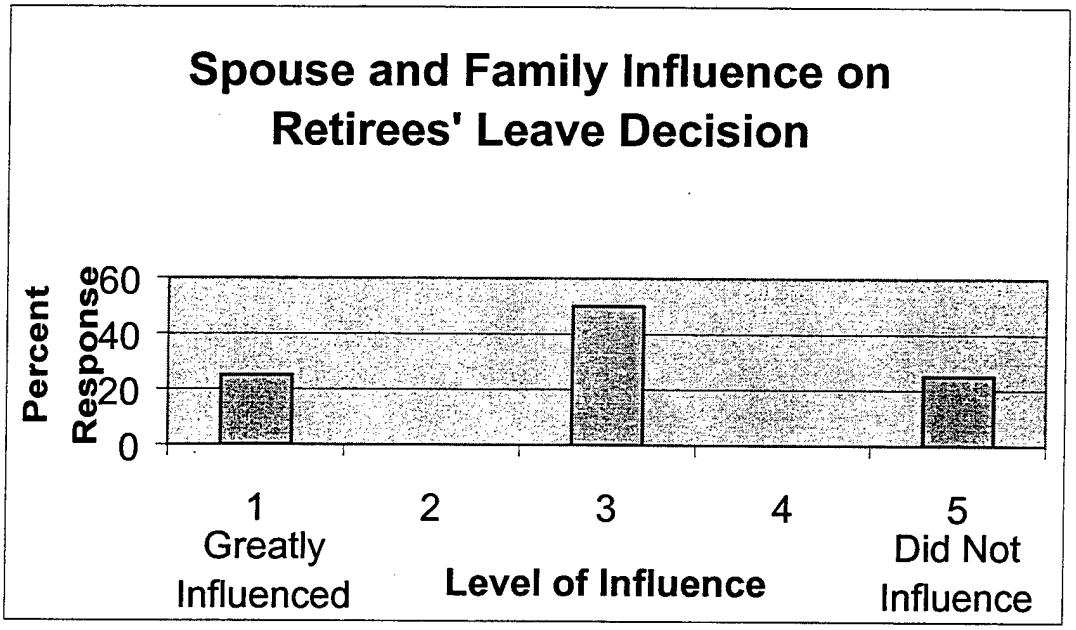

Figure 4.17. Spouse and Family Influence on Retirees' Leave Decision.

Retiree remarks on this issue are offered below:

My wife and family supported my decision to retire. I knew I would have to do another Beltway tour... going back to Washington... the stress and the quality of life was poor... I commuted 4 hours a day. I did not want another DC tour.

My family was the primary reason I did leave. I didn't want another separation. I was separated from my family many times.

No one wanted to PCS, had things been different, we would have looked for something different. I was not given many choices by the detailer.

- **Questions 14 & 15: To what extent did graduate education opportunities influence your decision to leave? Describe how graduate education opportunities influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

All respondents reported that graduate education opportunities had no influence on their leave decision. Interestingly, 75 percent of the retirees reported having Master's degrees. This finding is inconsistent with some literature (Jordan (1991) and Conzen, (1999)). Both studies support graduate education as a retention tool for junior officers. In comparison, active duty MSC officers interviewed in this study indicated that graduate education positively influenced their decision to stay in the Navy. Inconsistencies could possibly be caused by to the small sample of retirees interviewed in this study, the fact that the majority (75 percent) had already earned a graduate degree, and the confusing nature of the question.

The Medical Service Corps' goal of a having highly educated active duty Corps could have come into play here. College degrees were not always required in order to obtain a commission in the Medical Service Corps. Enlisted corpsmen and dental technicians traditionally obtained a commission in the MSC without holding degrees. In the late 1960s to the early 1980s the Chiefs of the Medical Service Corps directed their focus to educating and professionalizing all specialties within the Corps. Programs were implemented and education was funded in order that MSCs could obtain undergraduate and graduate degrees.

Among the eight retirees surveyed, six were commissioned into the Medical Service Corps by participating in the enlisted to officer accessioning program. Upon retirement six of the eight possessed Masters degrees, one of the eight possessed a Bachelors' degree, and one of the retirees surveyed had no degree, but some college.

Concerning the two without graduate degrees, one retiree stated that had the importance of having a graduate degree been stressed by his immediate seniors, he probably would have pursued graduate education. The other retired officer stated that while he had no desire to complete a degree in the past, he now plans to attend law school.

- **Questions 16 & 17: To what extent did pay and benefits factors influence your decision to leave? Describe how pay and benefits factors influenced your decision.**

Greatly Influenced				Did Not Influence
1	2	3	4	5

Seventy-five percent of the retired MSC officers stated that pay and benefits were not influential in their final decision to leave service. Similar to the active duty officers the majority (six of eight) reported that they were "not in it for the money" while two said they were greatly influenced. Specific comments from a few of the retirees are listed below:

> I felt that I was CEO material and did not want to wait another seven years to get a CO/XO job and monetary increases... I knew I was more than capable than others who had these jobs based on their pay grades.

> Pay did not have anything to do with it. I had already earned my retirement pay.

> I felt I could make more money as a civilian, but money was not a huge factor.

Pay was adequate. The Navy (military) has since reneged on the medical they promised us.

- **Question 18: Were there any other factors that influenced your decision to leave?**

The purpose of this question was to capture any overlooked factors that may have influenced the retirees' leave decisions. Fifty percent of the retirees reported additional things that were instrumental to their leave decision. Additional leave decision motivators cited included a desire to change careers; the mis-treatment of others by the Navy; believing that "the grass was greener on the other side," and getting passed over for promotion to the next rank.

- **Question 19: Has life outside the Navy lived up to your expectations?**

Retired MSC officers unanimously agreed that life outside the military has met or exceeded their pre-retirement expectations. All eight respondents said they were satisfied with their final decision to leave the Navy. According to the respondents:

> Life outside of the military has lived up to my expectations…I didn't have big inflated expectations… everywhere you go there will always be some things you don't like…it all balances out.
>
> Absolutely. I fell as though I have taken a big load off. I earned it.
>
> Yes, it has been great. It's great to be your own boss. I knew all along that I would make a good living.
>
> Yes, freedom. Not having to live under that kind of tyranny.
>
> Yes, pretty much, you make your own life.
>
> Yes, the career I have chosen is very satisfying to me.

- **Question 20: What could the Navy have done to convince you to stay?**

All of the retirees mentioned systems improvements the Navy could have made to convince them serve longer. Similar to their active duty counterparts, retirees stated that improvements in detailing, pay, and promotion opportunities might have positively influenced them to stay in the Navy. Included below are the retired officers' comments:

> I stayed for as long as I did because I enjoyed my career. If they had offered me another overseas tour, I may have stayed. The Navy was a satisfying experience. Politics made me realize how vulnerable I am. A friend of mine was relieved for trivial things. Treatment of other people made me want to leave.
>
> Duty preference. Have an open ear to individual situations. Homestead, place people in preferred locations. Do a better job at listening to people.
>
> I enjoyed the military and had certain situations been different, I probably would have stayed. I had several offers when I got out. I just picked the highest bidder. It's a fantastic life. The military is a great life also.
>
> Retirement was not my decision at the time. The Navy could challenge the abilities of the people, rather than their time. People's time was challenged...can you do this in this amount of time.
>
> Hold the doctors accountable for the quality and the quantity of their work. Money is not the answer, it's all-political.
>
> I don't think anything... I was set on retiring. If I had the opportunity to go for a Ph.D. program, I probably would have changed my mind.
>
> Spot promote me.
>
> Promote me!

D. CHAPTER SUMMARY

This chapter explained the methodology of the study and presented findings resulting from interviews conducted with 30 active duty Medical Service Corps officers and eight recently retired Medical Service Corps officers. The main objective was to

determine primary reasons for stay/leave decisions. Reasons cited in the interviews were compared with relevant literature on the topic, and are listed in Appendix E.

A secondary objective was to build on the body of knowledge surrounding the stay/leave decisions of Navy Medical Department officers by including underlying and self-professed reasons why MSC junior officers have chosen to stay or leave. Perceptions from active duty MSC and recently retired MSC officers were captured, analyzed, compared, and reported. In Chapter V, the conclusions and recommendations for further study are offered.

V. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

In order to build on the body of knowledge surrounding Navy Medical Department officer retention decisions, interviews were conducted with 30 active duty and eight recently retired Medical Service Corps Officers. Using researcher-crafted questionnaires (one for active duty, one for retirees), self-professed reasons for stay/leave decisions were captured and are presented in the research questions listed below:

1. Primary Research Question

- **What are the primary reasons why Medical Service Corps (O-1 through O-4) choose to stay or leave the Navy?**

  Medical Service Corps junior officers primarily choose to stay in the Navy for the same reasons as military officers of the Restricted, Unrestricted, and other Staff Corps. According to the research, (Chapter IV), their stay decisions are influenced primarily by pay and benefits, job satisfaction, spouse and/or family, graduate education opportunities and military leadership. The strongest influencers were pay and benefits and job satisfaction.

2. Secondary Research Questions

- **How do Health Care Administrators' stay perceptions differ from Health Care Scientists and Clinical Care Specialists?**

  Health Care Administrators' stay decisions are influenced mostly by pay and benefits, spouse and/or family, job satisfaction, confidence in obtaining civilian employment, military leadership, and graduate education opportunities. The strongest influencers for this group were pay and benefits, and spouse and/or family. The majority express satisfaction with their career choice, state they would recommend the Navy to professionals who share their specialty, and voice intent to remain in the Navy past 20-years.

  Spouse and/or family, pay and benefits, job satisfaction, pay and benefits, graduate education and military leadership, influence Health Care Scientists and Clinical Care Specialists most in their stay decisions. Leave decisions in these professionals are influenced by their confidence in obtaining civilian job (specialty) employment. Interestingly, more HCS/CCS reported being influenced by graduate education opportunities than HCA. They also report a greater amount of influence from civilian

DoD leadership than HCA officers. All agree that they would recommend the Navy to professionals who share their specialty, and a lower percentage express intent to remain in service past the 20-year mark as compared to the HCAs.

All officers are optimistic in their stay/leave decisions concluding that improvements in pay, promotion, permanent change of station moves, and job assignments could convince them to stay longer.

- **What are recent Medical Service Corps retirees' espoused reasons for leaving?**

  Recently retired Medical Service Corps officers declared they left for a wide range of reasons. Almost all (7 of 8), reported being retirement eligible and said that they felt the time was right. Expressing their love for the Navy, retirees mentioned the booming economy (job availability); they no longer wanted to relocate their families; and a disconnection with leadership and the changing military, as reasons for leaving. According to one retiree (Chapter IV), " I felt that I was CEO material and did not want to wait another seven years to get a CO/XO job and monetary increases..."

- **How do recent MSC retirees' espoused reasons for leaving match their expectations?**

  On average, retirees' reported that civilian employment was available in on average three months after leaving the service (Chapter IV). Almost all reported making less than they made while serving on active duty. One stated making three times more than when on active duty. Some retirees stated being satisfied with not having to relocate their families every two to three years. Few spoke of the culture shock experienced in employment outside the military. All retirees reported that life outside the military has met or exceeded their pre-retirement expectations. All stated they were satisfied with their final decision

- **How do active duty officer perceptions about stay/leave decisions differ from recent retirees' perceptions?**

  Active duty junior and recently retired MSC officers both perceive that increases in pay, changes in promotion policies, and less permanent change of station moves encourage stay decisions (Chapter IV). However, stay/leave decision differences are found in the manner in which active duty officers view civilian employment availability. As stated in Chapter IV, HCS/CCS officers report a high level of confidence in their ability to obtain civilian (specialty) employment. They perceive that civilian jobs are readily available in their specialty. Prior to exiting the Navy, retirees also perceived this to be true. Retirees found this to be true only if they were willing to be flexible in their job selection and willing to retrain in other specialties.

- **Do perceptions match realities for the recently retired?**

  All retirees stated, "Yes." As one retiree put it "everywhere you go there are always some things about it you don't like, it all balances out. And as another retiree put it "perception is reality."

B. AREAS OF FUTURE RESEARCH

Safeguarding the returns on investments in human capital will continue to be a challenge to the Navy's Medical Department in the near future. In order to realize returns, slight modifications in the methods employed to retain Medical Service Corps Officers are recommended. Junior MSC officer retention decisions are highly sensitive to a number of external and internal environmental factors, i.e., civilian job market, military leadership, family constraints, pay and benefits, and job satisfaction. Convincing MSC officers to continue service up to and past 20 years (especially in the Corps' critical specialties), will require a range of incentives from higher pay to improved command climates.

Research revealed that senior MSC officers who are role-model leaders and mentors are extremely important in the lives of junior officers. Having senior officers show interests in the military careers of juniors' encourages retention, develops mentoring skills, and promotes esprit de Corps. Inspiration from military leadership and its impact on junior MSCs is an area for continued study.

As mentioned in Chapter III, civilian DoD leadership influenced some Army junior officers to leave. While the Navy officers in this study stated that civilian DoD leadership had minimal impact on their retention decisions, additional exploration of this issue is suggested.

Spousal and/or family influence were crucial factors in many of the stay/leave decisions of officers in this study. All of the HCS/CCS officers interviewed reported being greatly influenced, influenced, or moderately influenced by family members. Literature reviewed in Chapter III support this finding. Further investigation of spousal and/or family influence on the retention decisions of officers within the Navy Medical Department (especially those in critical specialties), is suggested to identify ways to retain these specialists.

Detailing and permanent change of station (PCS) processes was mentioned as impacting the stay/leave decisions of both active duty and retired MSC officers. Many of the officers interviewed stated that receiving orders that required family relocation is or was a key factor in their stay/leave decisions. A study on MSC officer homebasing could be useful.

Junior officer job satisfaction requires continual assessment and updating to ensure meaningful careers and incentives. A future study on job satisfaction, incentives, and career intent of junior MSCs in critical specialties may help determine a more useful approach to retaining junior officers in service.

APPENDIX A. INTERVIEW PROTOCOL (ACTIVE DUTY)

Hello, my name is LT Lillian Shepherd. I am a student at Naval Postgraduate School and I am interviewing approximately 25 active duty Medical Service Corps officers as part of my thesis research. My thesis will focus on stay/leave decisions in O-1/O-4 officers in an attempt to identify the primary and underlying reasons why junior MSCs' decide to stay or choose to leave the Navy.

In my research, I have found a lot of studies on officers from the surface, submarine, and aviation communities, however, few studies have been done on officers of the Medical Service Corps---particularly what issues are key in their decision to remain in or depart from the military. During the interview I will be asking you about your decision to stay or leave and key influencers.

Your participation in this study is confidential and no on will be told who participated in the interviews. The majority of the information gathered will be used in aggregate form; however, I will be using specific comments and opinions, from your responses, without any identifying characteristics. Please feel free to openly express yourself.

MSC ACTIVE DUTY INTERVIEW AND SURVEY QUESTIONS

Your responses to the following interview questions and any additional information you share with me will be anonymous. The interview responses will be used in a graduate education thesis at Naval Postgraduate School.

1. Have you ever thought about leaving the Navy? What influenced your decision to stay?

2. Did anything else influence your decision?

3. What quality of life factors (e.g., family time, housing, PCS moves) influenced your decision to stay and how did they influence you?

4. To what extent did military leadership factors (e.g., quality of senior leadership, mentorship, etc.) influence your decision to stay?

Greatly Influenced				Did Not Influence
1	2	3	4	5

5. Describe how military leadership factors influenced your decision.

6. To what extent did civilian leadership in DoD influence your decision to stay?

Greatly Influenced				Did Not Influence
1	2	3	4	5

7. Describe how civilian leadership in DoD influenced your decision.

8. To what extent did your spouse/family influence your decision to stay?

Greatly Influenced				Did Not Influence
1	2	3	4	5

9. Describe how your spouse/family influenced your decision.

10. To what extent did graduate education opportunities influence your decision to stay?

Greatly Influenced				Did Not Influence
1	2	3	4	5

11. Describe how graduate education opportunities influenced your decision.

12. To what extent did pay and benefits factors influence your decision to stay?

Greatly Influenced				Did Not Influence
1	2	3	4	5

13. Describe how pay and benefits influenced your decision.

14. How confident are you that if you left the Navy tomorrow you would be able to obtain civilian employment in your specialty?

Very Confident				Not Very Confident
1	2	3	4	5

15. Please explain your answer to question 14.

16. How satisfied are you in your present job assignment?

Very Satisfied				Not Very Satisfied
1	2	3	4	5

17. How long do you plan to serve on active duty in the Navy? (# of years)

18. What can the Navy do to convince you to stay longer?

19. Please use the following scale to rate your agreement or disagreement with each of the following statements (S/A indicates you strongly agree, S/D indicate you strongly disagree with the statement) -*circle one number for each question*:

	S/A		*Undecided*		*S/D*
A. I would recommend the Navy to most like professionals as a good place to work.	1	2	3	4	5
B. I am satisfied with my career Choice	1	2	3	4	5
C. I intend to remain in the Navy past 20 years.	1	2	3	4	5
D. The Medical Service Corps provides excellent educational opportunities.	1	2	3		5
E. If I could retire from the Navy tomorrow, I would	1	2	3	4	5
F. If I could separate from the Navy tomorrow, I would.	1	2	3	4	5

Additional comments on issues of importance in your decision to stay in/leave the service are encouraged. Please use the space below to comment.
Thank you for participating in my study.

Thank you.
Please Return Survey to:
LT Lillian Shepherd
Naval Postgraduate School, Box 2037
2 University Circle
Monterey, CA 93955
831-394-0201

APPENDIX B. INTERVIEW PROTOCOL (RETIREE)

My name is LT Lillian Shepherd. I am a student at Naval Postgraduate School and I am interviewing approximately ten retired Medical Service Corps officers as part of my thesis research. My thesis will focus on stay/leave decisions in O-1/O-4 officers in an attempt to identify the primary and underlying reasons why junior MSCs decide to stay or choose to leave the Navy.

In my research, I have found a lot of studies on officers from the surface, submarine, and aviation communities, however, few studies have been done on officers of the Medical Service Corps---particularly what issues are key in their decision to remain in or depart from the military. During the interview I will be asking you about your decision to leave and key influencers.

Your participation in this study is confidential and no on will be told who participated in the interviews. The majority of the information gathered will be used in aggregate form; however, I will be using specific comments and opinions, from your responses, without any identifying characteristics. Please feel free to openly express yourself.

I would like to start the interview with some demographic and background data.

MSC RETIREE INTERVIEW QUESTIONS

Your responses to the following interview questions and any additional information you share with me will be anonymous. The interview responses will be used in a graduate education thesis at Naval Postgraduate School.

1. How long before you left the Navy did you start seriously thinking about leaving?

2. When you made your final decision to leave, was there a single event or events that aided in your decision?

3. Did you already have a civilian job waiting for you?

4. How was employment outside the military similar to and /or different from what you expected?

5. How long did it take you to obtain a civilian job, which fully utilized your skills following your departure?

6. How long did it take you to obtain a civilian job that compensated you financially at a rate comparable to your military pay following your departure?

7. What quality of life factors (e.g. family time, housing, pay/benefits, etc.) influenced your decision to leave?

8. To what extent did military leadership factors influenced your decision to leave?

Greatly Influenced				Did Not Influence
1	2	3	4	5

9. Describe how military leadership influenced your decision.

10. To what extent did civilian leadership factors influenced your decision to leave?

Greatly Influenced				Did Not Influence
1	2	3	4	5

11. Describe how civilian leadership influenced your decision.

12. To what extent did your spouse/family influence your decision?

Greatly Influenced				Did Not Influence
1	2	3	4	5

13. Describe how your spouse/family influenced your decision.

14. To what extent did graduate education issues influence your decision to leave?

Greatly Influenced				Did Not Influence
1	2	3	4	5

15. Describe how graduate education issues influenced your decision.

16. What pay and benefit factors influenced your decision?

Greatly Influenced				Did Not Influence
1	2	3	4	5

17. Describe how pay and benefit factors influenced your decision.

18. Were there any other factors that influenced your decision to leave?

19. Has life outside the military lived up to your expectations? How?

20. What, if anything, could the Navy have done to convince you to stay?

Thank you for participating in my study.

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APPENDIX C. DEMOGRAPHIC SHEET

1. Designator: 23___ Accession Type: Direct IPP

2. Rank: O-___ Age: ___

3. Sex: ___ Male ___ Female

4. Subspecialty: _____

5. Total number of years on active duty: ____

6. Total number of years as MSC: ____

7. Prior enlisted? ____ No ____Yes / No. years served enlisted ___

8. Highest enlisted pay grade held: _____

9. Did the Navy provide financial assistance toward your undergraduate or graduate degree? (Tuition Assistance, Armed Forces Health Professions Scholarship Program, Health Service Collegiate Program, etc.)

10. Have you participated in Duty Under Instruction (DUINS)?

11. Do you currently owe the Navy any obligated service?

12. End of Active Obligated Service: 20__.

13. Education level: _____

14. Marital Status: _____

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APPENDIX D. DEMOGRAPHICS

CHARACTERISTIC	OBSERVATION
RANK:	
LCDR	10
LT	18
LTJG	1
LTJG	1
TOTAL MSC INTERVIEWED	30
SPECIALTY:	
HCA	18
HCS/OTHER	12
PRIOR ENLISTED:	25
EDUCATION:	
SOME COLLEGE	1
BACH	9
MASTERS	18
DOCTORATE	2
COMM SOURCE:	
DIRECT	15
INSERVICE PROCUREMENT PRGM	15
OBL. SERVICE	17
MEDIAN AGE	38
MEDIAN YOS:	17.1
MEDIAN MSC YOS	8.5
% MALE:	63 percent
% FEMALE:	37 percent
MARITAL STATUS	
MARRIED OFFICERS	20
SINGLE OFFICERS	10

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APPENDIX E. STAY/LEAVE INFLUENCERS (PERCENT)

Stay/Leave Decisions Influencers	(Percent)				
	G/I				DNI
Level of Influence	1	2	3	4	5
Military Leadership Influence	6.67%	33.3%	20%	30%	13.30%
Civilian DoD Leadership Influence	0	6.67%	13.3%	13.3%	13.3%
Spouse and/or Family Influence	46.7%	13.3%	26.6%	3.3%	6.7%
Graduate Education Opportunities Influence	26.7%	13.3%	6.67%	6.67%	43.3%
Pay and Benefits Influence	26.7%	53.3%	6.7%	10.0%	3.3%
Civilian Job (Specialty) Influence	50%	13.3%	13.3%	13.3%	10%
Job Satisfaction Influence	40%	23.3%	23.3%	23.3%	0%
Level of Agreement or Disagreement	S/A	A	U	DA	S/D
I would recommend Navy to professionals who share my Specialty	50%	33.3%	10%	0%	6.67%
I am satisfied with my Career Choice	83.3%	13.3%	3.3%	0%	0%
I intend to stay past 20-year mark	56.6%	10%	16.7%	3.3%	13.3%
Excellent Education Opportunities in Corps	40%	33%	13%	6.67%	6.67%
I would retire tomorrow if I could	30%	13.3%	20%	3.3%	3.3%
I would separate tomorrow if I could	10%	0%	0%	3.30%	86.67%

(N=30)

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APPENDIX F. HEALTH CARE ADMINISTRATORS STAY/LEAVE INFLUENCERS

HCA - Stay/Leave Decisions Influencers	(Percent)				
Level of Influence	G/I 1	2	3	4	DNI 5
Military Leadership Influence	11.1%	22.2%	22%	28%	16.7%
Civilian DoD Leadership Influence	0	0.00%	11.1%	11.1%	77.8%
Spouse and/or Family Influence	38.9%	22.2%	22.2%	5.5%	11.1%
Graduate Education Opportunities Influence	27.8%	5.5%	11.10%	11.10%	44.4%
Pay and Benefits Influence	27.8%	61.1%	5.5%	5.5%	0.0%
Civilian Job (Specialty) Influence	28%	16.7%	22.2%	22.2%	11%
Job Satisfaction Influence	44%	16.7%	22.2%	16.7%	0%
Level of Agreement or Disagreement	S/A	A	U	DA	S/D
I would recommend Navy to professionals who share my Specialty	50%	33.3%	17%	0%	0.00%
I am satisfied with my Career Choice	88.9%	11.1%	0.0%	0%	0%
I intend to stay past 20-year mark	66.7%	11%	5.5%	5.5%	11.1%
Excellent Education Opportunities in Corps	50%	33%	0%	11.10%	5.50%
I would retire tomorrow if I could	22%	11.1%	22%	5.5%	38.9%
I would separate tomorrow if I could	0%	0%	0%	3.30%	100.00%

(N=18)

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APPENDIX G. HEALTH CARE SCIENTISTS/CLINICAL CARE SPECIALISTS STAY/LEAVE INFLUENCERS

HCS/CCS - Stay/Leave Decisions Influencers	(Percent)				
	G/I				DNI
Level of Influence	1	2	3	4	5
Military Leadership Influence	0%	50%	16.7%	22.2%	5.5%
Civilian DoD Leadership Influence	0%	16.7%	16.7%	16.7	50%
Spouse and/or Family Influence	66.7%	0%	33.3%	0%	0%
Graduate Education Opportunities Influence	25%	25%	8.3%	0%	41.6%
Pay and Benefits Influence	25%	41.6%	8.3%	16.7%	8.3%
Civilian Job (Specialty) Influence	83%	8.3%	0%	0%	8.3
Job Satisfaction Influence	33%	33%	25%	8.3%	0%
Level of Agreement or Disagreement	S/A	A	U	DA	S/D
I would recommend Navy to professionals who share my Specialty	50%	50%	0%	0%	0%
I am satisfied with my Career Choice	75%	16.7%	8.3%	0%	0%
I intend to stay past 20-year mark	41.6%	8.3%	33.3%	0%	16.7%
Excellent Education Opportunities in Corps	25%	33.3%	33.3%	0%	8.3%
I would retire tomorrow if I could	41.6%	16.7%	16.7%	0%	25%
I would separate tomorrow if I could	25%	0%	0%	8.3%	66.7%

(N=12)

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